

Name
in
Full

Mary A. Sherr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

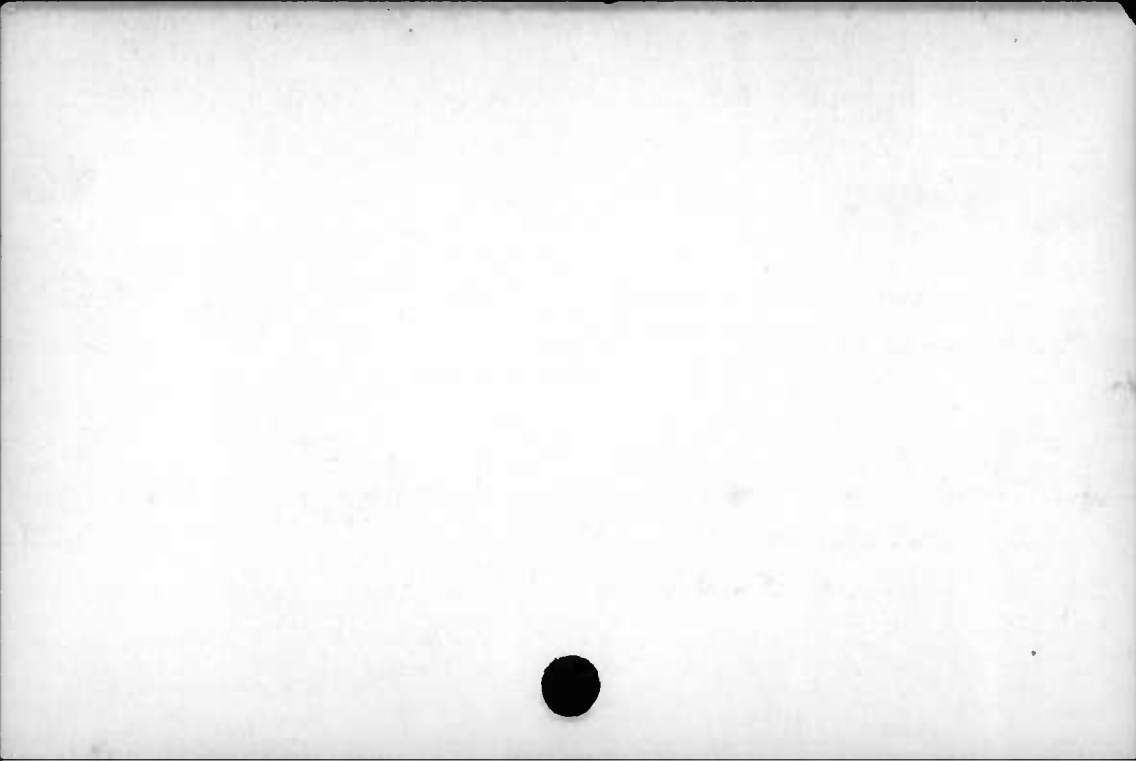
Died at <i>Ms Hope Retreat</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>June</i> Day <i>17th</i> Years <i>Age 57</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Va.</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>Alexandria - Va.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>11</i>	Mother's Birthplace <i>11</i>		
Name of person giving information <i>Reeds Ms Hope Retreat</i>	How related to deceased <i>NOT at all.</i>		

CAUSES OF DEATH

(63)

PHYSICIAN
OR CORONER

Primary <i>Apoplexy - Prob. Bulb. Paralysis</i>	How long <i>over a year.</i>
Immediate <i>Ex Cardiac Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Ms Hope Retreat</i>
	<i>Ms Hope Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i> ^{Town}		<i>Bolton</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>June</i> ^{Month}	<i>2</i> ^{Day}	Age <i>80</i> ^{Years}	<i>6</i> ^{Months}	<i>28</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Elizabeth Albert</i>				
Father's Name <i>Henry Albert</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Henry Albert</i>		How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infirmitie of age</i>	How long <i>14</i>
Immediate <i>Acute Cardiac Arteriosclerosis</i>	How long <i>two hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Smith</i>
<i>Yes</i>	Address <i>Woodlawn St. 1st</i>
Accident or Suicide? <i>—</i>	

Joseph B Cook
Western Cemetery
June 4 1907.

Name
in
Full

Amelia Argentino

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>6</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>9</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>1004 - 4th St</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Antonia Argentino</i>	Father's Birthplace <i>Italy</i>				
Mother's Maiden Name <i>Ella Battagello</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Antonia Argentino</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>acute Gastritis (Toxic)</i>	How long <i>24</i>
Immediate <i>Dysentery</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joe L. O'Malley</i>
	Address <i>3rd St York Highlandtown</i>
Accident or Suicide? <i>No</i>	

St. Alphonsus Lem
Hewig + son
6/24/07

Name
in
Full

Julia A Barnsley

CERTIFICATE OF DEATH

Died at ^{Town} Warrenton Valley^{County} Clatsop

MARYLAND

Date
of death 190 7

Month

June

Day

10

Years

Age 83

Months

Days

Sex Female

Color or
Race

white

Birth-
place

Montgomery Co

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

John J Barnsley

Father's
Name

Johnson Price

Father's
Birthplace

X

Mother's
Maiden Name

Mrs Reed.

Mother's
Birthplace

✓

Name of person giving
information

Emmett Barnsley

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senile Debility

154

How long

years

Immediate

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thurman

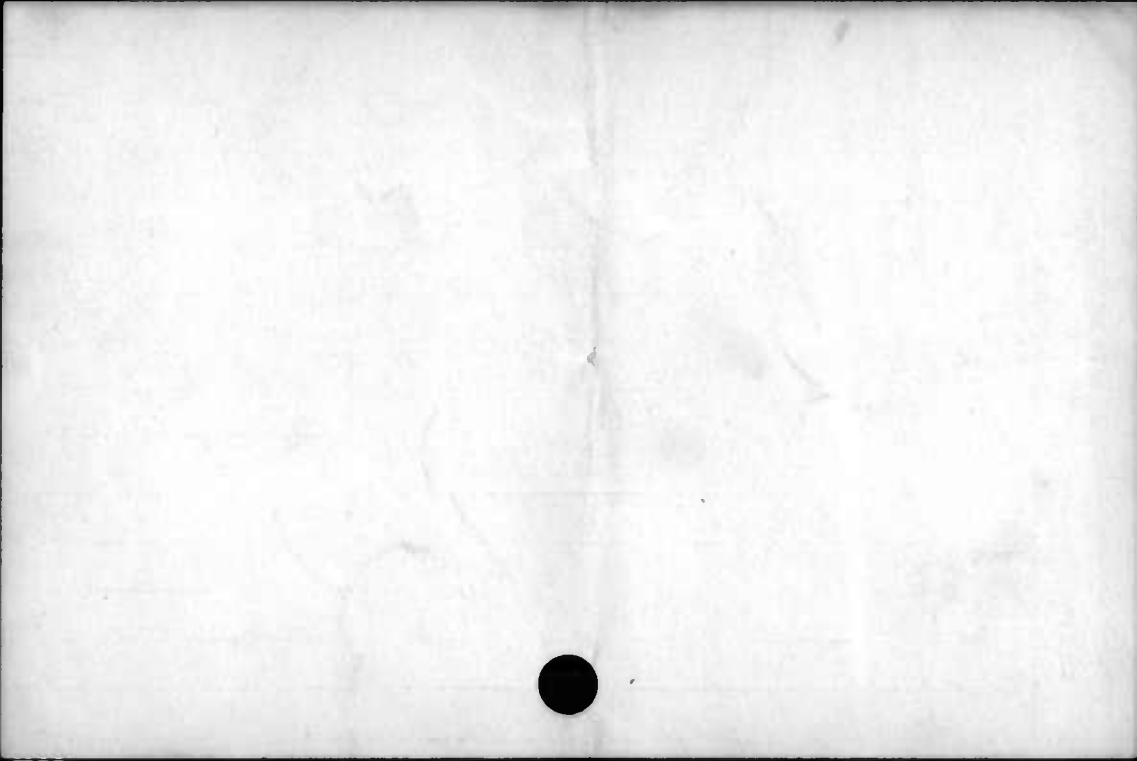
Address

Glyndon

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Cora Barton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodstock</u> ^{Town}		<u>Barto</u> ^{County}		•• MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>5</u>	Age <u>19</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place		
Occupation <u>Employer in Drug Factory</u>	Where Residing if not at place of death <u>Barto, Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Sumner Barton</u>	Father's Birthplace <u>Harford</u>		Mother's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Amelia Mcubbin</u>	Name of person giving information <u>A R Mcubbin</u>		How related to deceased <u>405 highest St Co</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	(27)	How long <u>6 or 8 mths</u>
Immediate <u>Exhaustion</u>		How long <u>a few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo H. Harding</u>	
	Address <u>Spa W. Barto Md</u>	
Accident or Suicide?		

E. A. Weedefeler for
2113 Greenmount Ave
Upper Falls, Balto Co
Salem Cemetery

Name
in
Full

Cora Knight Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

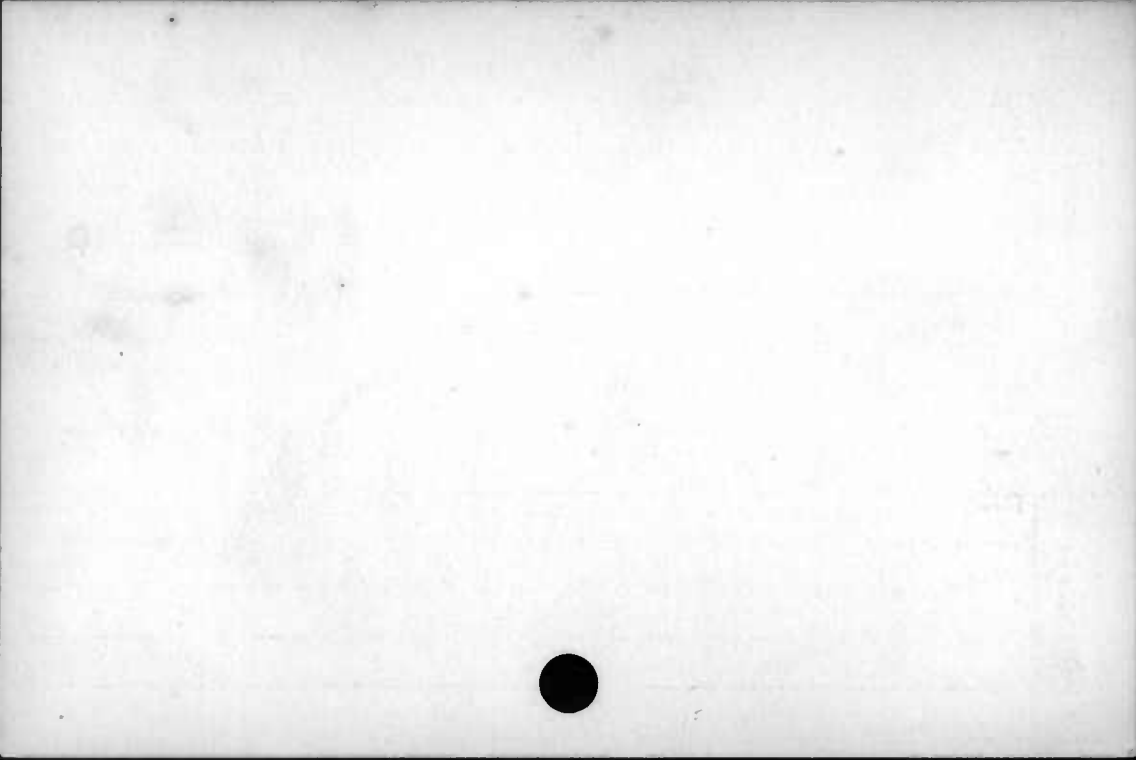
Died at		Town <i>Parkton</i>		County <i>Balto</i>		MARYLAND	
Date of death 190	7	Month <i>June</i>	Day <i>20</i>	Age <i>32</i>	Years	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Union Bridge, Md.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>John E. Bell</i>							
Father's Name <i>Wm. Knight</i>		Father's Birthplace <i>Balto Co</i>					
Mother's Maiden Name <i>Annie Roche</i>		Mother's Birthplace <i>Balto Co</i>					
Name of person giving information <i>John E. Bell</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Intestines</i>	How long <i>2-3 months</i>
Immediate <i>General Collapse</i>	How long <i>3-4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
	Address <i>Moukton, Md.</i>
*Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

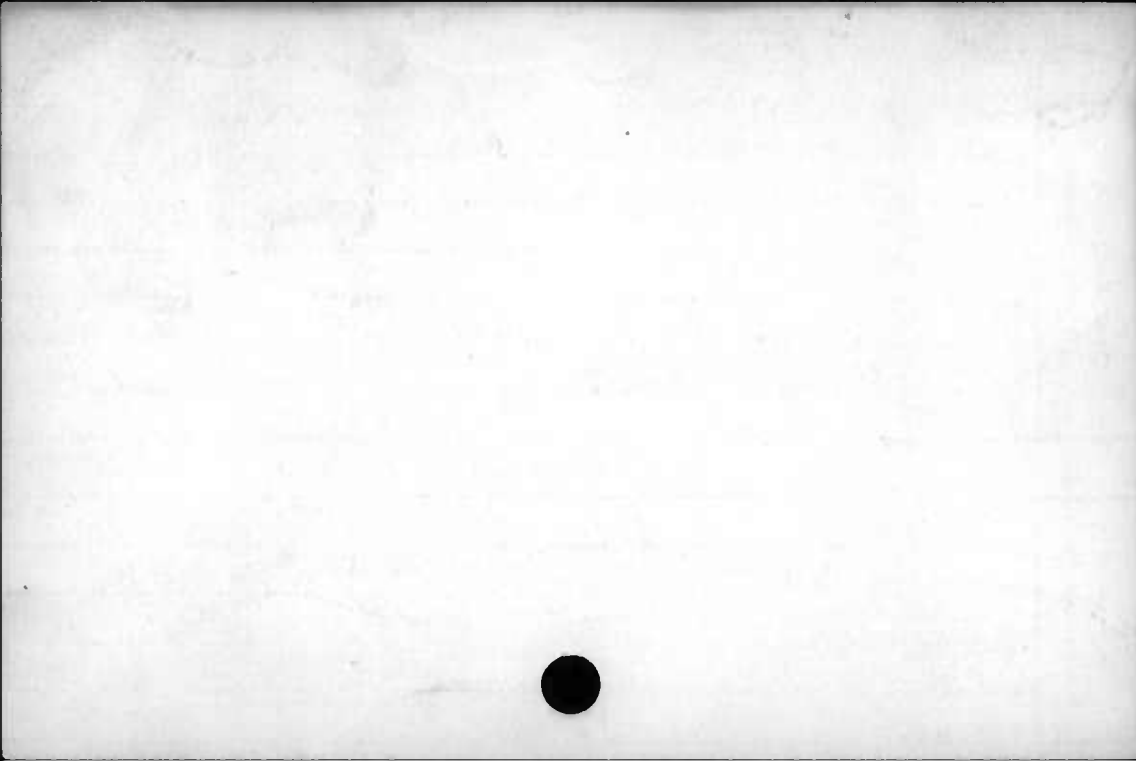
Name in Full <i>Margaret E. Doughlter</i>		Town <i>Balto</i>		County <i>Balto</i>		MARYLAND	
Died at <i>902 3rd Street</i>		Month <i>June</i>		Day <i>4th</i>		Years <i>4 yrs</i>	
Date of death <i>1907</i>		Months <i>June</i>		Days <i>4th</i>		Age <i>4 yrs</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>902 3rd St</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Isabert A Doughlter</i>		Father's Birthplace <i>Wilmington</i>					
Mother's Maiden Name <i>Annie Street</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Son Thomas Doughlter</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Pleumy</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Burke</i>
	Address <i>304 2 Hudson</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Marie M. and Harry L. Bradley

Died at ^{Town} Highlandtown ^{County} Balto MARYLAND

Date of death | 90 ^{Month} June ^{Day} 6 Age ^{Years} Still Born ^{Months} ^{Days}

Sex Male Color or Race white Birth-place

Occupation Where Residing if not at place of death 111 S. Clinton St

Married, Single or Widowed Name of Wife or Husband

Father's Name Harry L. Bradley (S) Father's Birthplace Balto City

Mother's Maiden Name Marie M. Bradley (S) Mother's Birthplace Balto City

Name of person giving information Harry L. Bradley How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Not know Still Born (S) How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Geo. L. Wilkins Address 6. N. Broadway

Accident or Suicide?

Christian Miller

2334 Jefferson St

Fifth reform Cemetery

Name in Full *Alice V Brandaw*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bay shore* ^{Town} *MD*

Baltimore ^{County}

Date of death *1907 June 28*

Age *16*

Months *—*

Days *—*

Sex *Female*

Color or Race *White*

Birth-place *Maryland*

Occupation *Domestic*

Where Residing if not at place of death *1535 Asquith st*

Married, Single or Widowed *single*

Name of Wife or Husband *none*

Father's Name *Geo C. Brandaw*

Father's Birthplace *Baltimore*

Mother's Maiden Name *Mary L. Brandaw*

Mother's Birthplace *Baltimore*

Name of person giving information *Bob D Turner*

How related to deceased *Friend*

CAUSES OF DEATH

Primary

Drowning suffocation

172

How long *immediately*

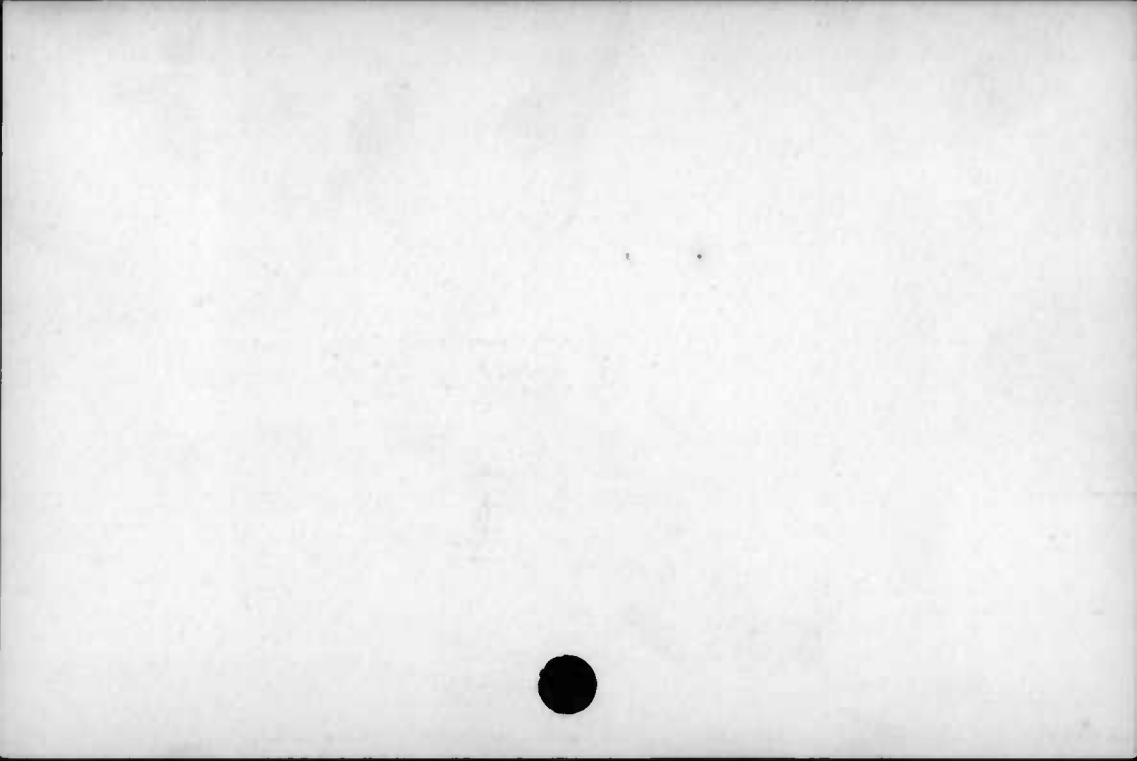
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. A. Drumman*

Address *203 Boone St. corner*

Accident or Suicide? *accident*



Name
in
Full

Bettie C. Bryan

CERTIFICATE OF DEATH

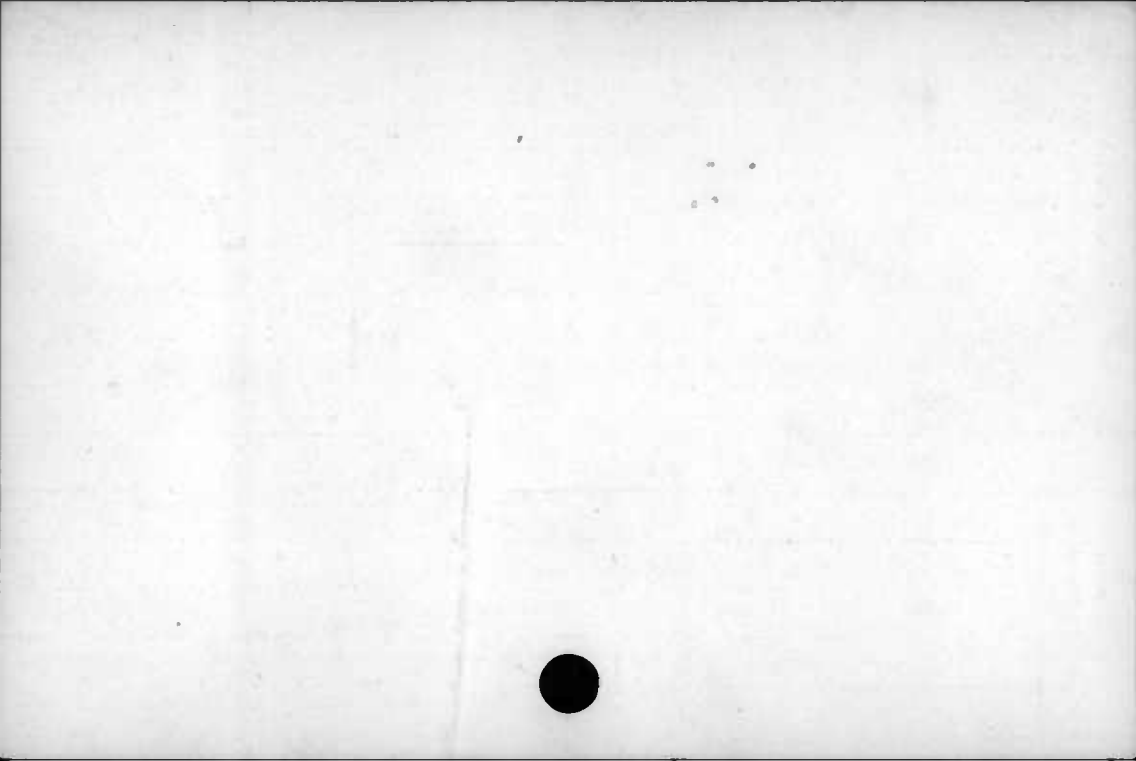
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Glen arm		Baltimore					
Date of death	1907	Month	June	Day	29	Years	22
				Age		8	9
Sex	Female	Color or Race		white		Birth-place	Penn
Occupation		School teacher		Where Residing if not at place of death		✓	
Married, Single or Widowed		Single		Name of Wife or Husband		none	
Father's Name		Dr. C. C. Bryan		Father's Birthplace		Penn	
Mother's Maiden Name		Marie S. McClung		Mother's Birthplace		Harford Co. Md	
Name of person giving information		May S. McClung		How related to deceased		mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Zyphoid Fever	How long	Possibly longer two weeks
Immediate	" "	How long	One week in bed.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		John S. Green	
		Address	
		Bittings	
		Md.	
Accident or Suicide?			



Name
in
Full

Fredrick Brunnsman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

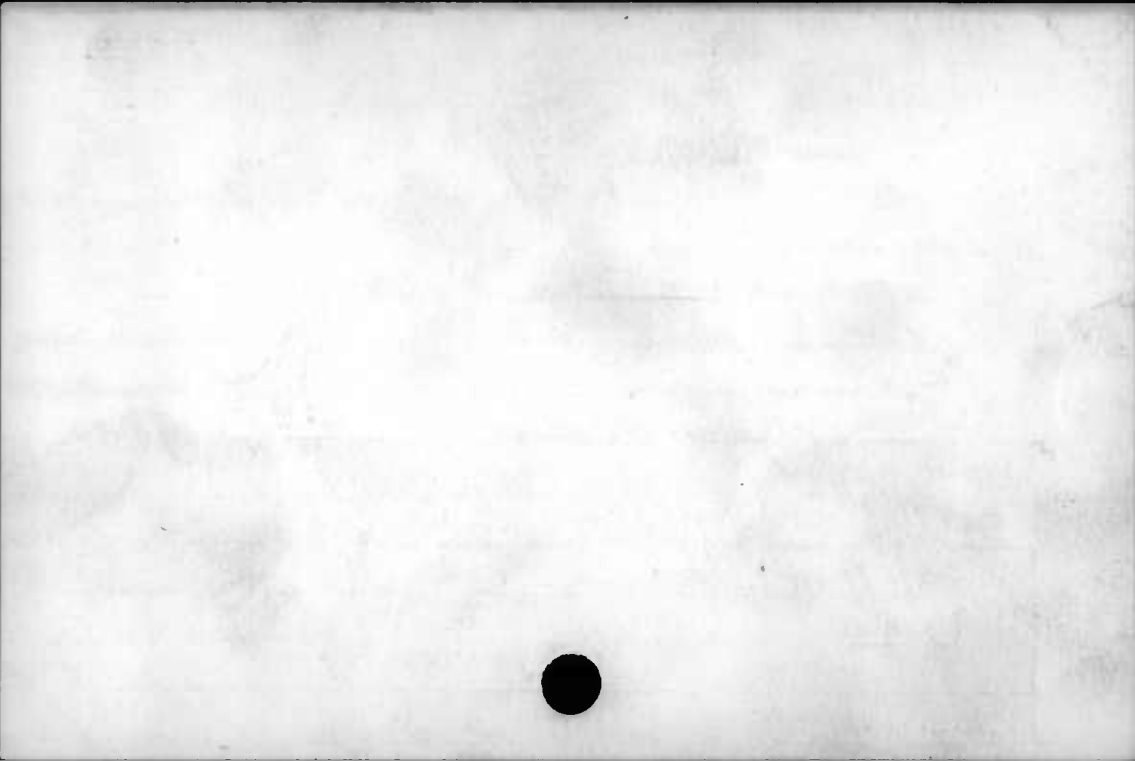
Died at <i>Oella</i> Town		<i>Balts</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>June</i>	Day	<i>25</i>
Age		<i>50</i>	Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Oella</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Myra J Brunnsman</i>		
Father's Name	<i>Gehart Brunnsman</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Margaret Brunnsman</i>		Mother's Birthplace	..	
Name of person giving information	<i>Charles Beckett</i>		How related to deceased	<i>Brother in Law</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of heart</i>	How long	<i>12 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. W. H. B. Rogers MD</i>	
Address		<i>Albany, N. Y.</i>	
Accident? Suicide?		<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joshua Lowe Bull

Died at Parkton Town

County

Baltimore

MARYLAND

Date
of death 1907

Month

June

Day

11

Years

Age 70

Months

8

Days

19

Sex

MaleColor or
RaceWhiteBirth-
placeParkton, Md

Occupation

FarmerWhere Residing if not
at place of deathMarried, Single
or WidowedMarriedName of Wife or
HusbandElija S. BullFather's
NameWilliam BullFather's
BirthplaceParkton, MdMother's
Maiden NameRoxana LoweMother's
BirthplaceStallersville, MdName of person giving
In formationJoshua M. BullHow related
to deceasedSon

CAUSES OF DEATH

(90)

Primary

Chronic Pulmonary Emphysema

How long

10 years

Immediate

Acute Bronchitis

How long

7 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

W. M. Lyke, M.D.
Parkton, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

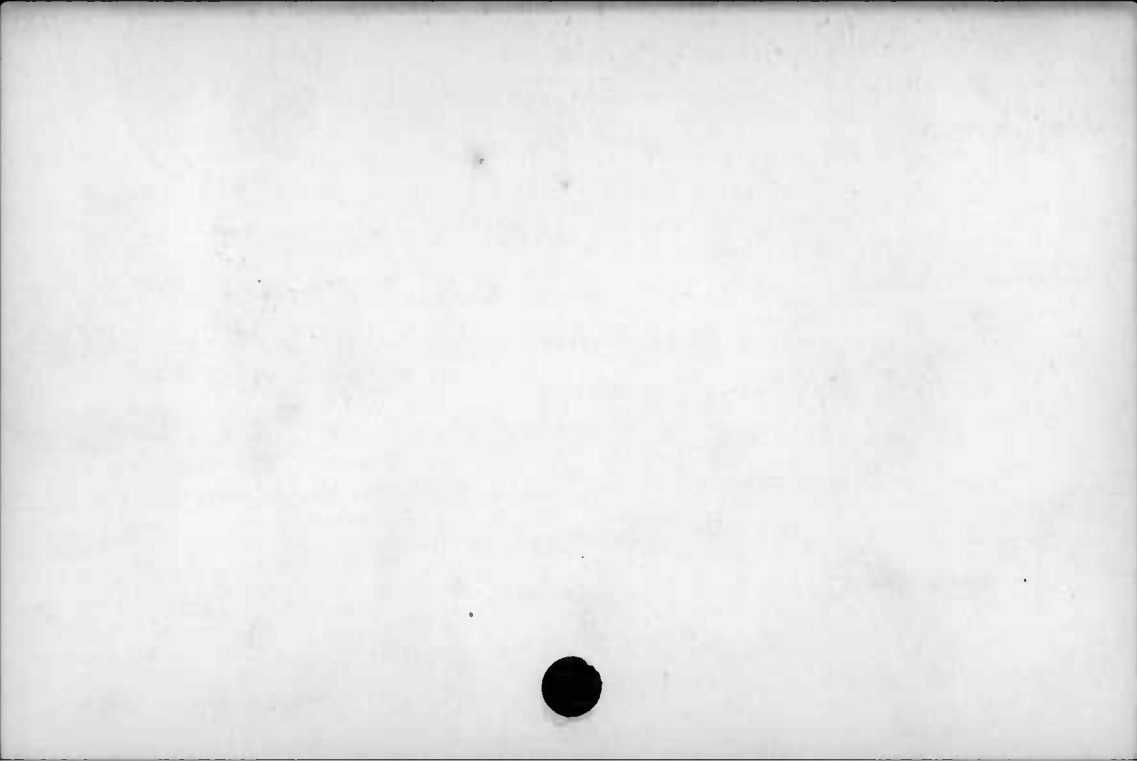
Died at *Wt. Washington* ^{Town} *Baltimore* ^{County}Date of death *1907* ^{Month} *June* ^{Day} *26* ^{Years} *61* ^{Months} *10* ^{Days} *11*Sex *Male* Color or Race *White* Birth-place *Shrewsbury, Pa.*Occupation *Carpenter* Where Residing if not at place of death *Wt. Washington*Married, Single or Widowed *Married* Name of Wife or Husband *Jennie Hannah Brunize*Father's Name *Samuel Brunize* Father's Birthplace *York Co. Pa.*Mother's Maiden Name *Mary Magdaline Hinfeller* Mother's Birthplace *York Co. Pa.*Name of person giving information *Rev. Jennie H. Brunize* How related to deceased *Wife*

CAUSES OF DEATH

79

Primary *Valvular Heart Disease* How long *About 10 weeks*Immediate *Cardiac Asthenia* How long *six days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. Jonah S. Brown*Address *Wt. Washington,
Balt. Co. Md.*

Accident or Suicide?



Name
in
Full

Luey Parker Burrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roland Park</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month-</small> <u>June</u> <small>Day</small> <u>12</u> <small>Years</small> <u>18</u>		<u>6</u> <small>Months</small>		<u>6</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Mt Washington Md.</u>			
Occupation <u>Telephone Operator</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>William M. Burrell</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Emma M. Martin</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Wm. M. Burrell</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <u>Acute Milinary Tuberculosis following</u>	How long <u>3 months</u>
<u>Whooping Cough</u>	How long <u>6 weeks</u>
Immediate <u>Bronchitis - pneumonia</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. Gibson Porter</u>
	Address <u>Roland Park Md.</u>
Accident or Suicide? <u>No</u>	

Horace Burgee
3631 Falls Road
Undertaker

Determent

St. Marys Stangden

Wyndhurst Ave - + one
square North - 12 $\frac{1}{2}$ avenue
about A A Corring.

St. corner.

Funeral Friday June 14 -

Funeral Saturday

Name
in
Full

Lillian W. Calless

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mr Washington

Baltimore

Date

of death 1907

Month

June

Day

5

Years

Age

14

Months

6

Days

21

Sex

Female

Color or
Race

White

Birth-
place

City

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

W Calless

Father's
Name

H P Swain

Father's
Birthplace

City

Mother's
Maiden Name

Elizabeth Myers

Mother's
Birthplace

Md

Name of person giving
Information

H P Swain

How related
to deceased

Father

CAUSES OF DEATH

Primary

Diabetes Mellitus (50)

How long

about 1 year

Immediate

Coma

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

M. A. Fair
12 East 25th St.
Baltimore, Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr. Fair

25" Charles Dr

M. 12 E. 25. 00.

Name
in
Full

Thomas Carney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carney</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>3</i>	Years <i>63</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Retired Hotel Keeper</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary A. Carney</i>				
Father's Name <i>Thomas Carney</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Sarah Connor</i>	Name of person giving information <i>Mary A. Carney</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Carcinoma - Breast</i>	How long
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. E. Whiteford</i>
	Address <i>Portville, Md.</i>
Accident or Suicide? <i>—</i>	

Gr

17

Halla

Name
in
Full

Charles E Cassell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Towson		County Baltimore		MARYLAND	
Date of death		1907	Month June	Day 2	Age 57	Months 7	Days 19
Sex male		Color or Race white		Birth- place Carroll Co Md			
Occupation Printer		Where Residing if not at place of death Towson					
Married, Single or Widowed Married		Name of Wife or Husband Catharine Cassell					
Father's Name Abram Cassell		Father's Birthplace Carroll Co					
Mother's Maiden Name Mary Jane Haines		Mother's Birthplace Carroll Co					
Name of person giving In formation Estanley Bailey		How related to deceased Son-in-law.					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Bright's Disease		How long 2 years
Immediate Convulsions. Uraemic Coma		How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. C. Madsenborg
		Address Towson
Accident or Suicide? Neither		

Stuart & Mowen

Thurmont.

Frederick Co

Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooks</i> Town <i>Hill</i> County <i>Bell</i> <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>1</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co.</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Fred Chell</i>	(S)	Father's Birthplace <i>England</i>	
Mother's Maiden Name <i>Bertie Anderson</i>		Mother's Birthplace <i>Canada</i>	
Name of person giving information <i>Fred Chell</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Struck by car</i>	(S)	How long <i>—</i>
Immediate <i>—</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. C. Seched M.D.</i>	Address <i>Spencer Point</i>
Accident or Suicide? <i>—</i>		

JUN 3 1907

St. Stanislaus.

M. F. SADOWSKI

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i> ^{Month} <i>6</i> ^{Day} <i>18</i> ^{Age} <i>-</i> ^{Years}		<i>1</i> ^{Months} <i>14</i> ^{Days}			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>5321 - 3rd St.</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Chas. H. Conrad</i>		Father's Birthplace <i>Balto.</i>			
Mother's Maiden Name <i>Mary A. Ermer</i>		Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Chas. H. Conrad</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH 8PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Pittney</i>
	Address <i>2 Wilson St</i>
Accident or Suicide? <i>-</i>	

W. Carmel Lem.
John Hering & Son
6/19/87

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Delia E. Corbin</i>		Town <i>Barney</i>		County <i>Balto.</i>		MAYLAND	
Died at <i>Barney</i>		Date of death <i>1907 June 2nd</i>		Age <i>2nd</i>		Months <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Days	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Jefferson Corbin</i>		Mother's Maiden Name <i>Ada Blakeley</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Name of person giving information <i>Jefferson Corbin</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

(90)

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long
Immediate <i>Schistosoma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mr. B. Whitford</i>
	Address <i>Darkville, Md.</i>
Accident or Suicide? <i>—</i>	

Fiss. country

Name
in
Full

Elizabeth Conkey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Hope Retreat</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>June</u> Day	<u>28th</u> Years	<u>abt 60</u> Months	<u> </u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ireland</u>
Occupation	<u>House wife</u>		Where Residing if not at place of death <u>Pilkeville</u>		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband <u>not known</u>			
Father's Name	<u>not known</u>			Father's Birthplace	<u>unknown</u>
Mother's Maiden Name	<u>"</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Heeds Mt Hope Retreat</u>			How related to deceased	<u>not at all</u>

CAUSES OF DEATH

(68)

PHYSICIAN
OR CORONER

Primary	<u>Mania Chronic</u>	How long	<u>abt 7 yrs</u>
Immediate	<u>Exhaustion</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Frank J. Flannery</u>	
		Address	
		<u>Mt Hope Retreat</u>	
Accident or Suicide? <u> </u>			



Name
in
Full

Miss M. V. Cuthbertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Mt Hope Retiā</i>		Town <i>Retiā</i>		County <i>Baltimore</i>	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>19th</i>	Years <i>Age 24</i>	Months <i>yo</i>	Days <i>Scrub-Know D-Know</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>unknown</i>	
Occupation <i>Writer for Paper</i>			Where Residing if not at place of death <i>Saulsbury N.C.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Unknown</i>		✓		Father's Birthplace <i>unknown</i>	
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>Reeds Mt Hope Retiā</i>				How related to deceased <i>not at all</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	(106)	How long <i>over 24 hrs -</i>
Immediate <i>Ex-Cardiac Syncope</i>		How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flannery M.D.</i>
		Address <i>Mt Hope Retiā -</i>
Accident or Suicide? _____		<i>Mt Hope Md.</i>



Name
in
Full

Ford H. Demuth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lauraville Town

Back County

Date of death 1907 Month June

Day 2 Age 69 Years

Months Days

Sex male

Color or Race white

Birth-place Germany

Occupation Retired

Where Residing if not at place of death Lauraville

Married, Single or Widowed Widowed

Name of Wife or Husband Johanna Demuth

Father's Name not known

Father's Birthplace

Mother's Maiden Name not known

Mother's Birthplace

Name of person giving information A. Walden

How related to deceased Grandson

CAUSES OF DEATH

(64)

Primary Cerebral Apoplexy How long 3 days

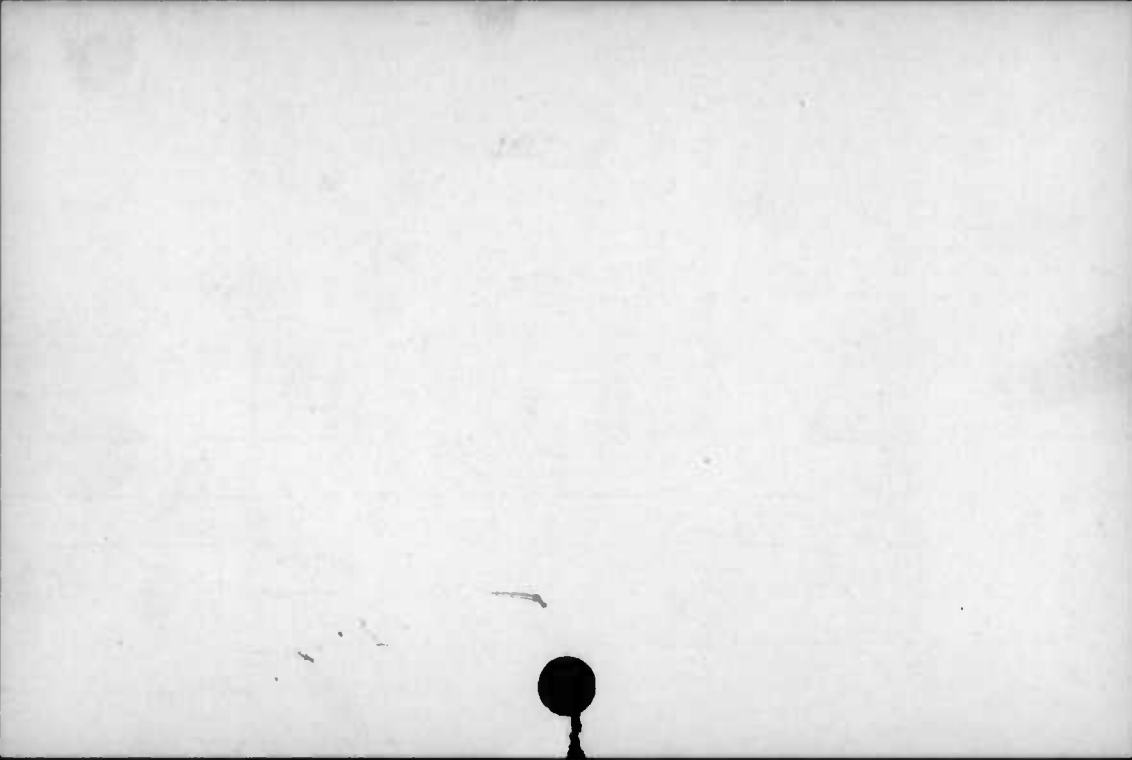
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Edwyn G. Darling
Address Lauraville
on

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Thomas Donohue*

Died at *Fork* ^{Town} *MD* ^{County} *Baltimore* **MARYLAND**

Date of death *1907* ^{Month} *June* ^{Day} *19* ^{Age} *63* ^{Years} *3* ^{Months} *1* ^{Days}

Sex *male* Color or Race *white* Birthplace *Ireland*

Occupation *Farmer* Where Residing if not at place of death *Fork MD*

Married, Single or Widowed *married* Name of Wife or Husband *Bridget Donohue*

Father's Name *Thomas Donohue* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Donohue* Mother's Birthplace *Ireland*

Name of person giving information *R. M. Burke* How related to deceased *Cousin*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Lung disease of long standing* How long *many years*

Immediate *most likely cancer* How long *not known*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Dr. S. Green*

Address *Sittings*

Accident or Suicide? ☐

Interment
Long Green Roman
Catholic Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Doran*

Died at *Upper Falls* Town *Baltimore* County

State *MARYLAND*

Date of death *1907* Month *6* Day *2* Age *80* Years Months *3* Days

Sex *Male* Color or Race *White* Birth-place

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Doran*

Father's Name *Patrick Doran* ✓ Father's Birthplace *Ireland*

Mother's Maiden Name *Rose McQuinness* Mother's Birthplace *Ireland*

Name of person giving information *H E Doran* How related to deceased *Daughter*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *arterial ossification* How long *4 Years*

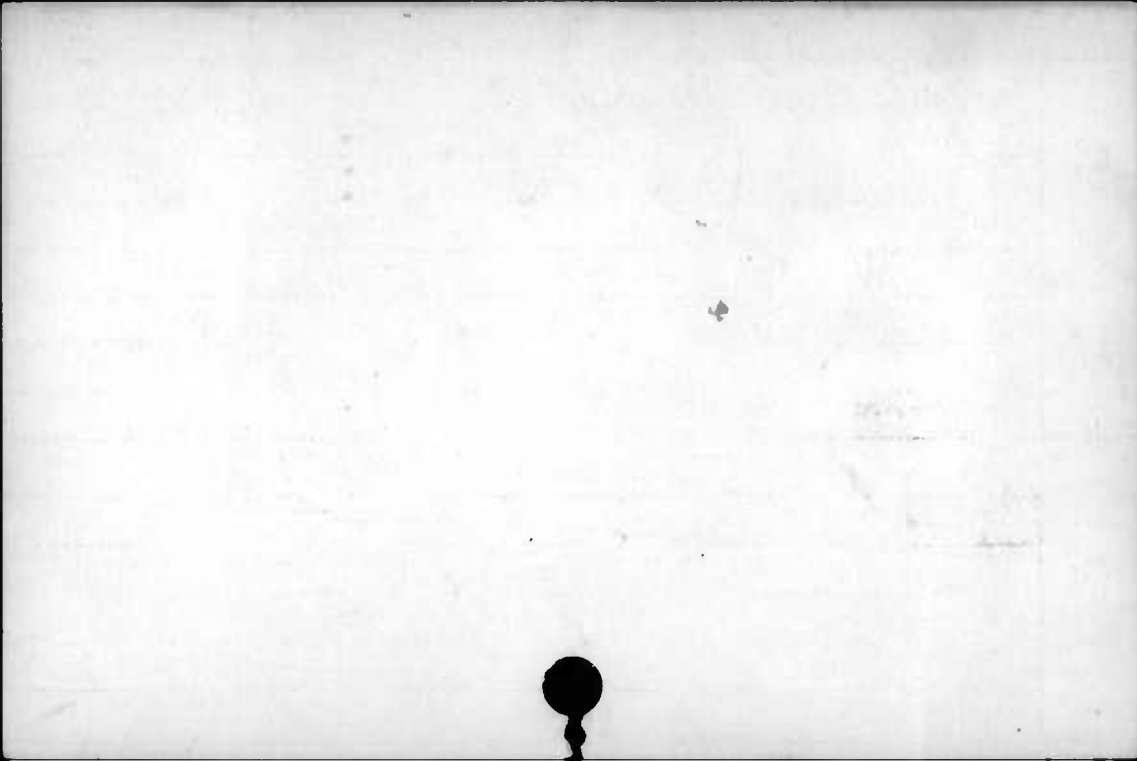
Immediate *cardiac insufficiency* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. F. H. Gorsuch*

Address *Fork Md.*

Accident or Suicide?



Fannie Bell Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at near Rustington Del. Town County

MARYLAND

Date	Month	Day	Years
of death	1907	June	26th
			Age 42

Months

Days

Sex	Female	Color or Race	White	Birth-place	Finksburg Md.
-----	--------	---------------	-------	-------------	---------------

Occupation	<i>House wife</i>	Where Residing if not at place of death
------------	-------------------	--

Married, Single or Widowed Married Name of Wife or James Dowsley

Father's Name Noah Stocks dale

Father's Birthplace *Finkeburg Ind*

Mother's
Maiden Name Mar Ellen Stansbury

Mother's Birthplace Frankenburg Ind

Name of person giving information James Dorsey

How related to deceased Strickland

CAUSES OF DEATH

Primary *Ovarian Tumor*

How long 2 yrs

Immediate Peritonitis

How long 3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ruxton</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>15-5</i>	Years <i>68</i>	Months <i>5-</i>	Days <i>1</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>House work</i>			Where Residing if not at place of death <i>Ruxton Md</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Daniel M. Voxen</i>			
Father's Name	<i>John Lyon</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Sophia South</i>					Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Mrs Wm Magliac</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Trouble</i>		<i>(79)</i>	How long	<i>Several years</i>
Immediate	<i>Dropsy</i>			How long	<i>One month</i>
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	<i>H. R. Smith</i>	
			Address	<i>Rider Md.</i>	
Accident or Suicide?			<i>✓</i>		

John Burns Sons
Towson

Sater's Baptist
cess.
Ballo. Co.
and

Name
in
Full

Sam. M. S. Doyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

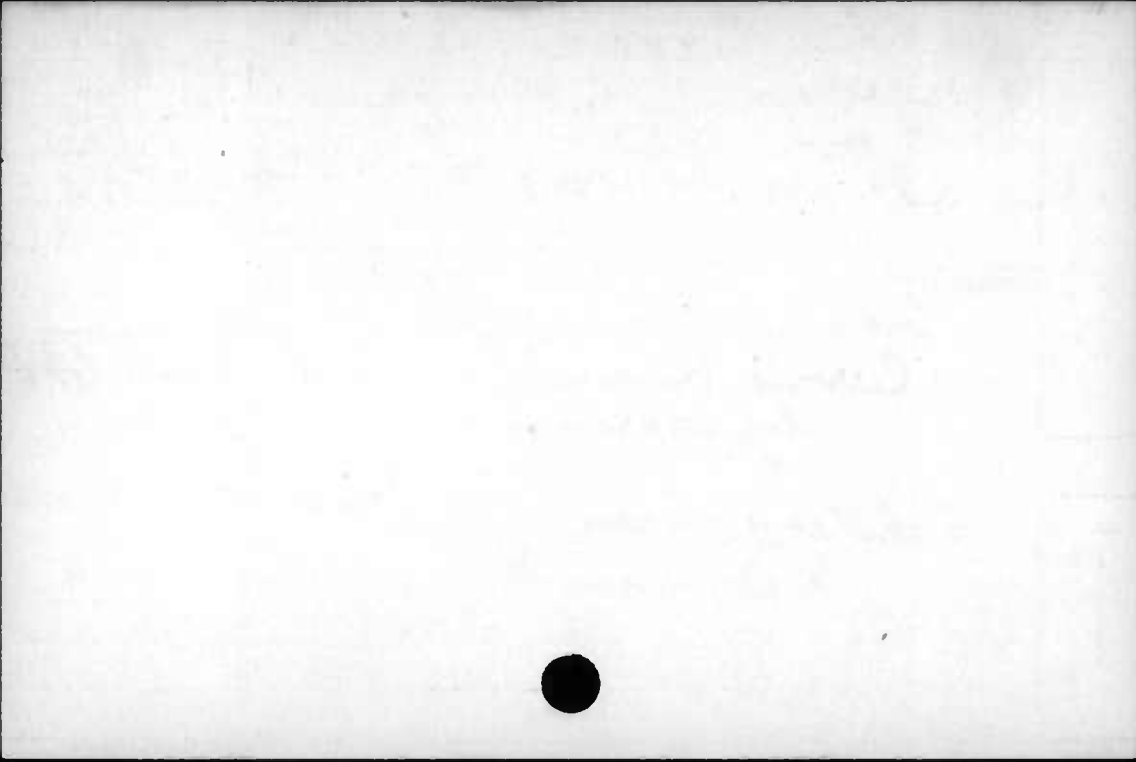
Died at <i>Net Hope Retreat</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>25</i>	Years <i>42</i>	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Travel Salesman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>814 N. Carey St. Balto Md.</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>			Mother's Birthplace <i>"</i>	
Mother's Maiden Name <i>"</i>	How related to deceased <i>not at all</i>				
Name of person giving information <i>Reeds Net Hope</i>					

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Acute Mania Post Parapneumonia</i>	How long <i>abt 1 year.</i>
Immediate <i>Ex. Epileptoid Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Net Hope Retreat Balto Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Hilda Drommelhausen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Canton Town Balto County

Date of death 1907 June 16 Age 9 Years 11 Months 14 Days

Sex female Color or Race white Birth-place Balto, Md.

Occupation — Where Residing (516 3rd St.)
place of death

— Married, Single 1 Name of Wife or Husband —

Father's Name August DrommelhausenFather's Birthplace GermanyMother's Maiden Name Carrie RahnMother's Birthplace Balto, G.M.D.Name of person giving information August DrommelhausenHow related to deceased father

CAUSES OF DEATH

29

Primary Ascites (probably tubercular peritonitis)

How long

Immediate

ExhaustionHow long about 1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. W. Wright

Accident or Suicide?



Name
in
Full

Ida Franklin Durkew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Albenton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1907	Month	June	Day	5
Age		50		Months	4
Sex		Female		Color or Race	white
Birth-place		Gray's Balt. Co. Md.			
Occupation		Housewife			
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Husband	James A. Durkew		
Father's Name	Evan Ogle	Father's Birthplace	OK		
Mother's Maiden Name	Don't know	Mother's Birthplace	OK		
Name of person giving information	John H. Durkew		How related to deceased	Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Mitral Insufficiency</i>	How long	<i>2 1/2 years</i>
Immediate	<i>Cerebral Congestion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Wm. B. Gambrell D.</i>	
Address		<i>Albenton, Md.</i>	
Accident or Suicide?			

Cathedral City

Baths Co

S. H. & Son

Name
in
Full

CERTIFICATE OF DEATH

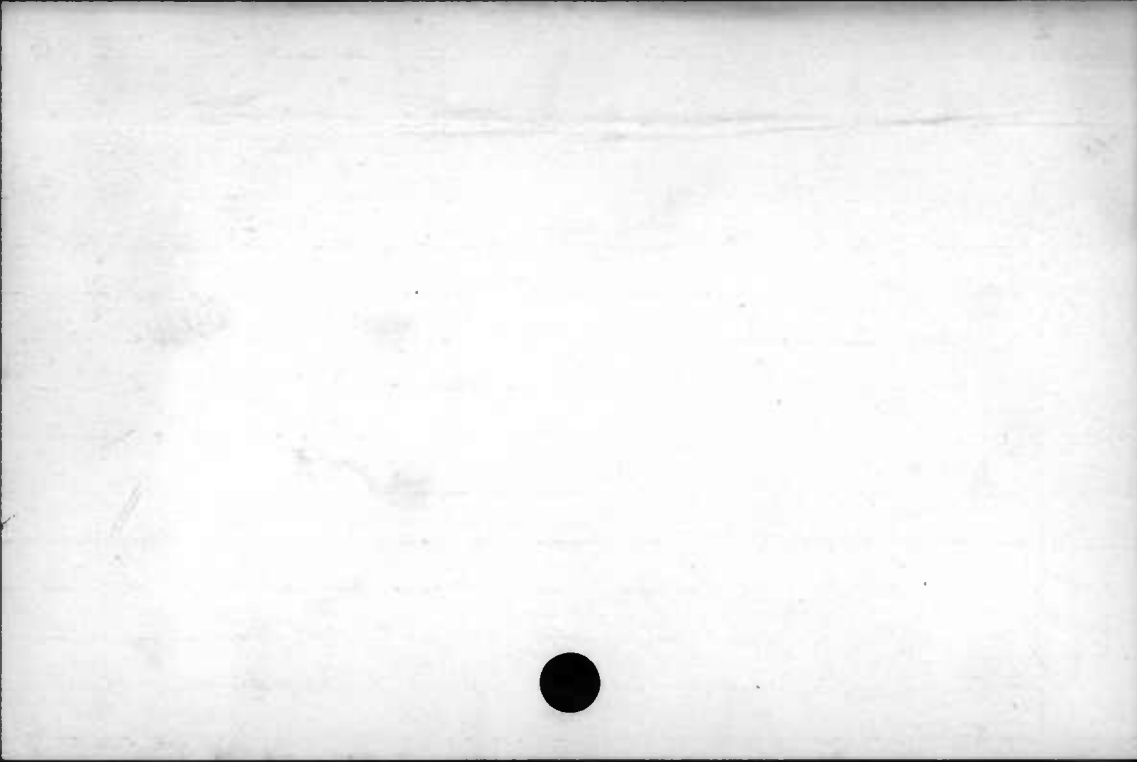
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Gorsuch Mills</i> <small>Town</small> <i>Baltimore</i> <small>County</small>			
Date of death <i>1907 Jun 23</i>	Month <i>Jun</i> Day <i>23</i> Age <i>73</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>York Co., Pa.</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie Edie</i>		
Father's Name <i>David W. Edie</i>	Father's Birthplace <i>York Co. Pa.</i>		
Mother's Maiden Name <i>Grizzill Anderson</i>	Mother's Birthplace <i>York Co. Pa.</i>		
Name of person giving information <i>David Edie</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary <i>Nephritis</i>	How long <i>120</i> <i>years.</i>
Immediate <i>Hemiplegia & Uremic Coma</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edison Susslik</i>
<i>Yes</i>	Address <i>Stewartstown, Pa.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James G. Elgert		Town Fullerton		County Balto		MAYLAND	
Died at Fullerton		Date of death 1907 June 30		Age 20		Months Days	
Sex Male		Color or Race White		Birth-place Balto			
Occupation Telegraph Operator		Where Residing if not at place of death 12 N Bond St					
Married <input checked="" type="checkbox"/> Single		Name of Wife or Husband _____					
Father's Name J. G. Elgert		Father's Birthplace Balto					
Mother's Maiden Name Bridget A. Ince		Mother's Birthplace Balto					
Name of person giving information J. G. Elgert		How related to deceased Father					
CAUSES OF DEATH							

93

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 4 days
Immediate Asphyxiation	How long _____
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Wm. G. Whiteford
Accident or Suicide? _____	Address Parkville, Mo.

H. C. Wiedefeld

914 Greenmt. Ave

Remove to 12 N. Bond St

Name
in
Full

Ella J. Ferguson.

CERTIFICATE OF DEATH

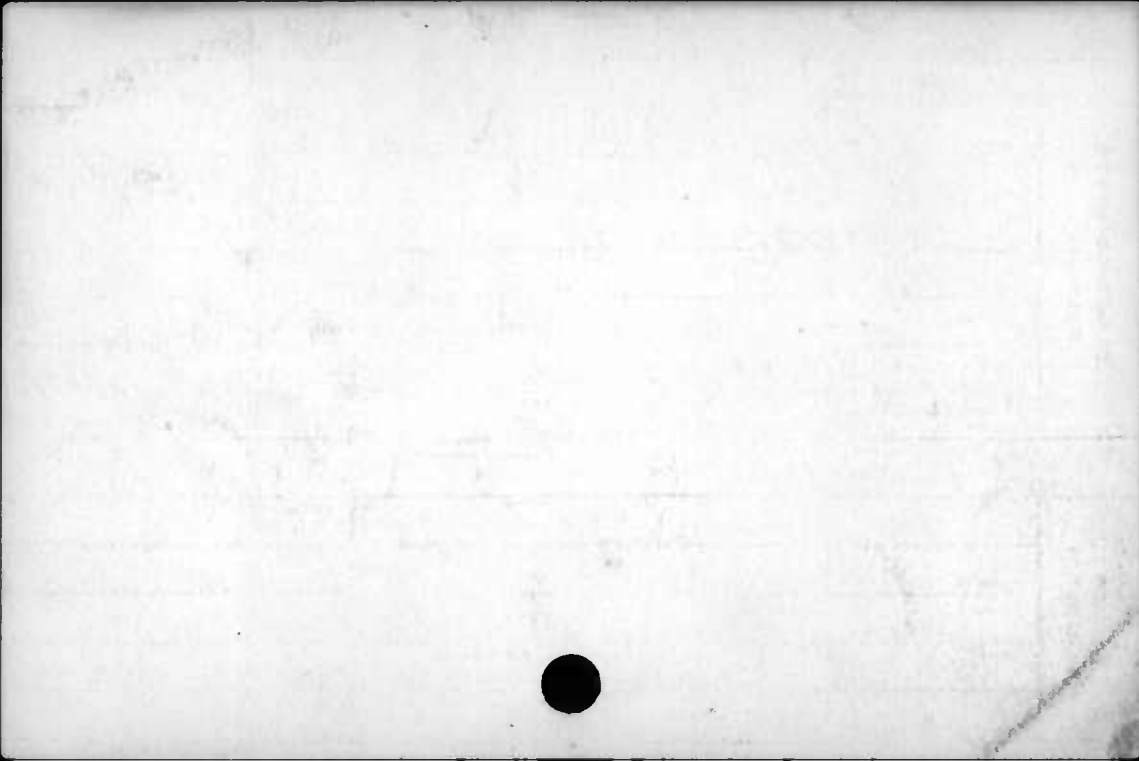
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Orwings Mills</u> , <u>Baltimore</u> County		MARYLAND	
Date of death <u>1907</u> <u>June</u> <u>2</u> <u>nd.</u>	Month <u>June</u> Day <u>2</u> <u>nd.</u> Age <u>15</u> Years	Months <u>9</u>	Days <u>27</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Smithsburg, Md.</u>	
Occupation <u>None</u>	Where Residing if not at place of death <u>Smithsburg, Md.</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>J. H. Ferguson</u>	Father's Birthplace <u>Washington Co.</u>		
Mother's Maiden Name <u>A. G. H. Unknown</u>	Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>F. W. Keating, M.D. per H.</u>	How related to deceased <u>No relation.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Epilepsy</u>	How long <u>All her life</u>
Immediate <u>Convulsion</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Campbell</u>
	Address <u>Orwings Mills, Md.</u>
Accident or Suicide?	



Name
in
Full

Bernadina Ferning

CERTIFICATE OF DEATH

Died at Canton Town Baltimore County
 Date of death 1907 Month June Day 18 Age 64 Years Months — Days —
 Sex Female Color or Race white Birth-place Germany
 Occupation Housework Where Residing if not at place of death —
 Married, Single or Widowed Married Name of Wife or Husband Clemens Ferning
 Father's Name Joseph Witterdorf Father's Birthplace Germany
 Mother's Maiden Name don't know Mother's Birthplace "
 Name of person giving information Clemens Ferning How related to deceased husband

CAUSES OF DEATH

65

Primary Lat Cerebral Softening How long —
 Immediate Exhaustion How long 2 weeks
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Chas. H. H. H.
 Address 2 Harbor St.
 Accident or Suicide? —

Barren Heart Cemetery

June 20th 1907

Germanus Franke

Underlain

Name
In
Full

Elisha Fisher

CERTIFICATE OF DEATH

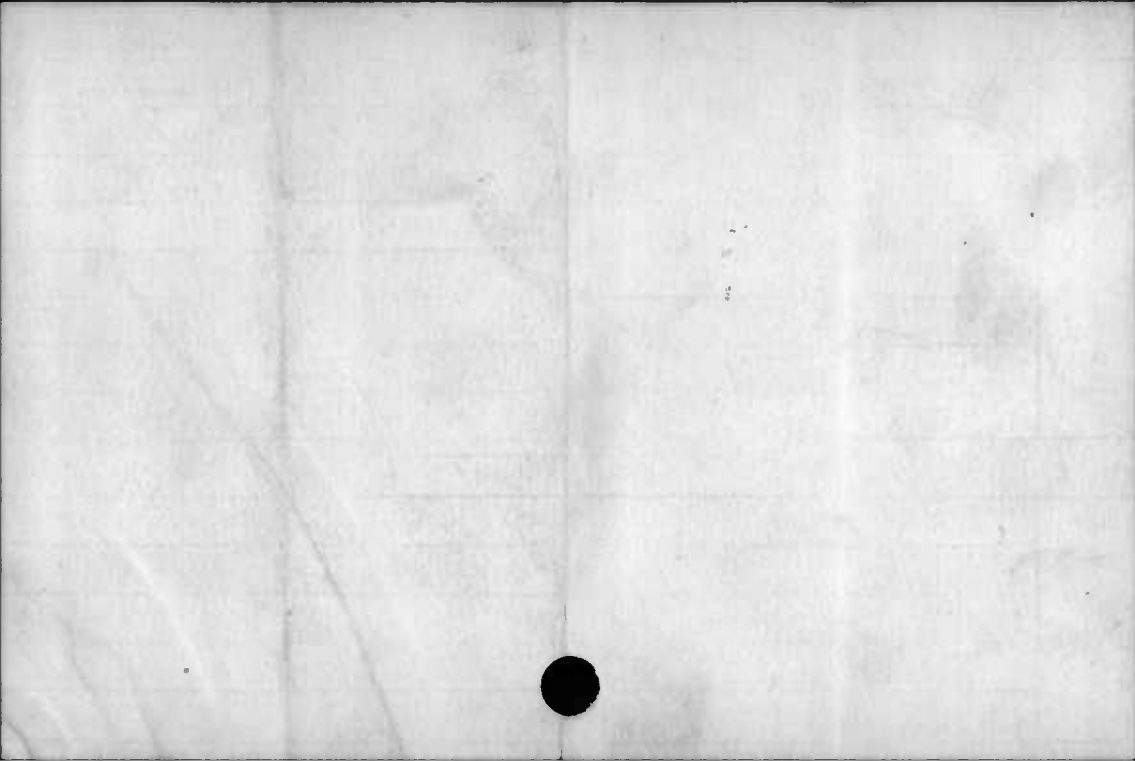
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spencer Point</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1907	Month	June	Day	6
Sex	Male	Color or Race	White	Age	44
Occupation	Suturer		Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife Husband <i>Amelia Tracy</i>				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	<i>Chas. E. Fisher</i>				How related to deceased <i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pleur Pneumonia</i>	(93)	How long	<i>4 days</i>
Immediate	<i>Exhaustion</i>		How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>F. C. Eldred M.D.</i>	
			Address <i>Spencer Point Md</i>	
Accident or Suicide?		<i>No</i>		



Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparks Point</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1907	Month	June	Day	15
Age		29		Months	
Sex	Male	Color or Race	Negro	Birth-place	Kyuma
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Unknown		Father's Birthplace	Va.	
Mother's Maiden Name	Unknown		Mother's Birthplace	Va.	
Name of person giving information	Jas Blair		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Run over by motor car	166
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Jas Blair J.P.
	Address
	Sparks Point
	Md.
Accident or Suicide	Accident



Name
in
Full

Mary Fuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baers.</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Year</small>	<i>7</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>2</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i>12</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ma</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Horace Fuller</i>		Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Mary Seifer</i>		Mother's Birthplace <i>England</i>			
Name of person giving information <i>Horace Fuller</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>4 weeks</i>
<i>Exhaustion</i>	How long <i>24 hours</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. L. E. Smith</i>
<i>no</i>	Address <i>3 and 400th Highlandtown</i>
Accident or Suicide?	

Dr. Sweet

Name
in
Full

Benjamin Franklin Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907 June		3	7	7	6	21	
Sex	Male	Color or Race	colored	Birth-place	Baltimore Co.		
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
none							
Father's Name	George H. Gardner				Father's Birthplace	Md	
Mother's Maiden Name	Bertha C. Wilson				Mother's Birthplace	Md	
Name of person giving information	Geo. H. Gardner				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningocele	How long	3 months
Immediate	Meningocele	How long	3 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Millard Stirling
		Address	Shane
			Md
Accident or Suicide?			



Name
in
FullJames. Gaskins col

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Grange.</u>		County. <u>Baltimore</u>		MARYLAND	
Date of death	1907	Month <u>June</u>	Day <u>13</u>	Age	Years	Months	Days <u>7</u>
Sex	<u>male</u>		Color or Race	<u>colored</u>		Birth-place	<u>Maryland</u>
Occupation	<u>None</u>			Where Residing if not at place of death <u>Grange</u>			
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>None</u>				
Father's Name	<u>Author Gaskins</u>					Father's Birthplace	<u>Ta</u>
Mother's Maiden Name	<u>Lizzie Gaskins</u>					Mother's Birthplace	<u>Ta</u>
Name of person giving information	<u>Author Gaskins</u>					How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary	<u>Natural</u>	(71)	How long	<u>7 hours.</u>
Immediate	<u>Spasms</u>		How long	<u>2 hours.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>P.A. Dunningan</u>		
		Address <u>203 Loone St. coroner</u>		
Accident or Suicide? <u>None</u>				

PHYSICIAN

ON CORONER

P.A. Dunningan

Frank Schenk

Ashe County

Name
in
Full

Mary M Gettings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hollyfield</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1907		Month <i>June</i>	Day <i>24</i>	Age <i>34</i>	Years Months Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name or Wife or Husband <i>John Gettings</i>			
Father's Name <i>David</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Elizabeth Long</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John Gettings</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Sufficiency Acute Gastric</i>	How long <i>3 or 4 days</i>
Immediate <i>Cardiac Spasm + Asthenia</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank L. Miller M.D.</i>
	Address <i>Albertain Md</i>
Accident or Suicide? <i>No</i>	

Lorraine Cemetery
Jos B. Cook
June 26, 07

Name
in
Full

John W. Glaser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

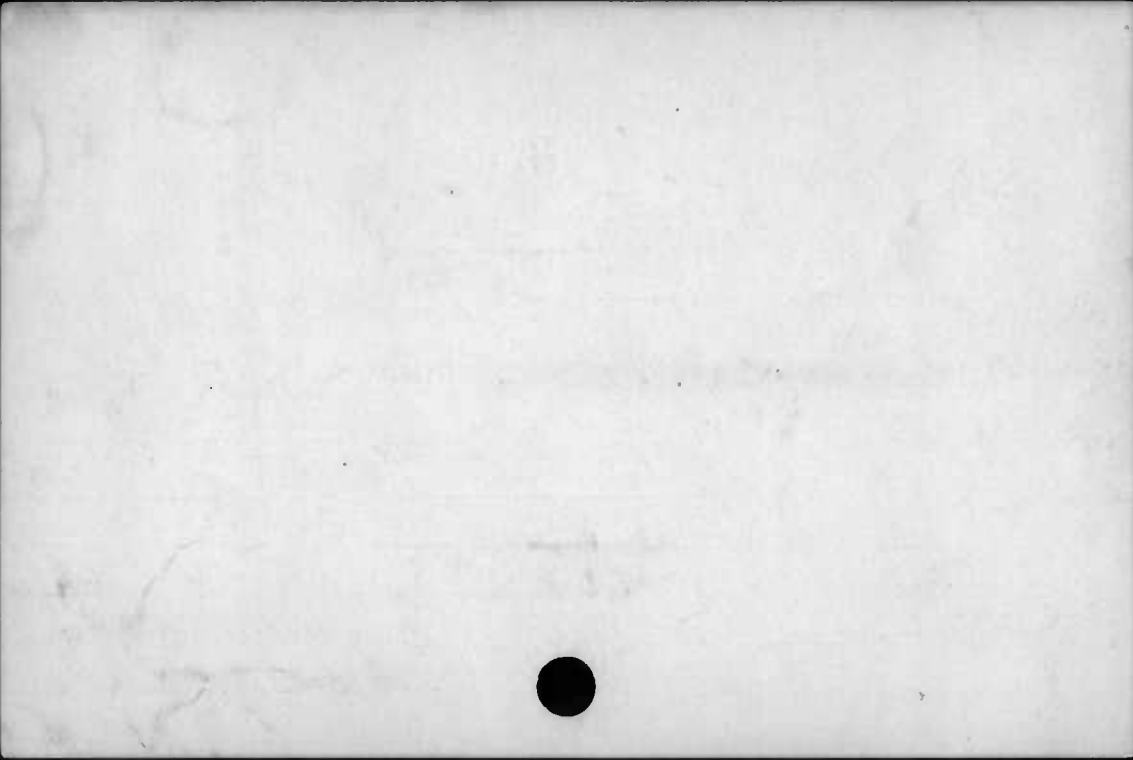
Died at <u>Hamilton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>June</u> Day	<u>23</u> Age	<u>41</u> Years	Months <u> </u> Days <u> </u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto</u>
Occupation	<u>Clothing Trimmer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Rosa Glaser</u>		
Father's Name	<u>Casper Glaser</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>not known</u>		Mother's Birthplace	<u>Germany</u>	
Name of person giving information	<u>Casper Glaser</u>		How related to deceased		

CAUSES OF DEATH

27

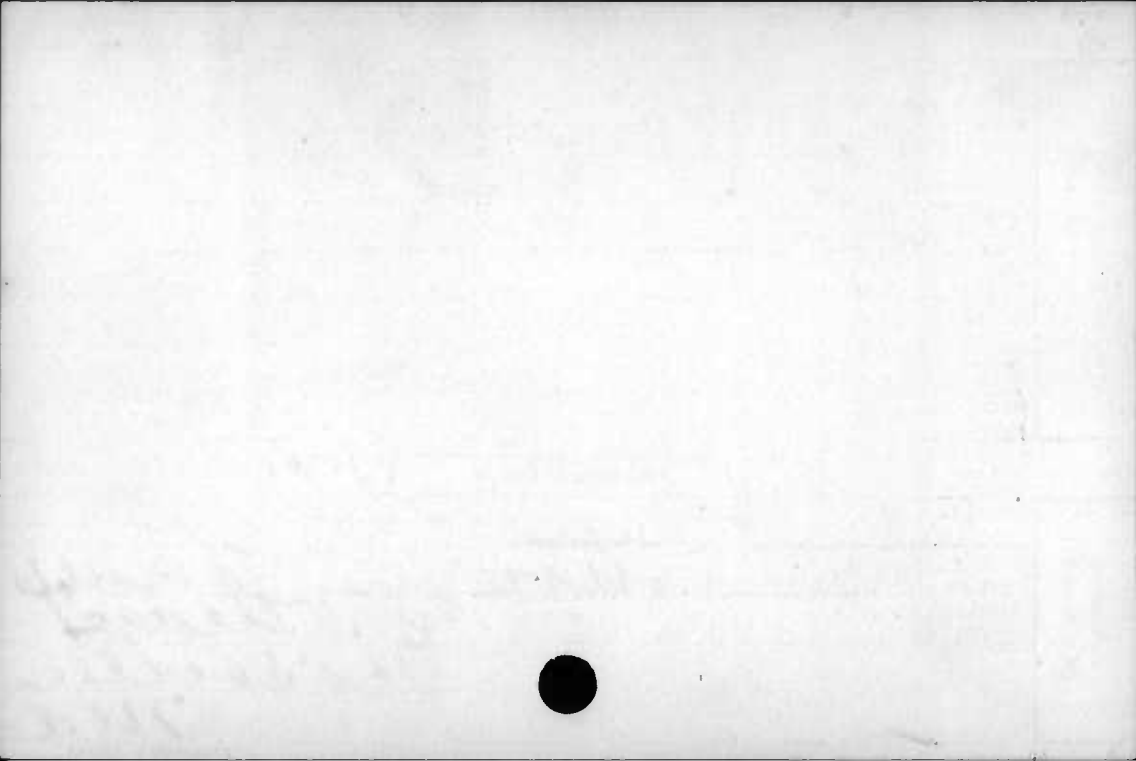
PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis of Lung</u>	How long	<u>3 yrs</u>
Immediate	<u>Tuberculosis of Kidney and Lung</u>	How long	<u>3 mo</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Geary A. Long, M.D.</u>
		Address	<u>Hamilton</u>
Accident or Suicide?	<u>No</u>		<u>MD</u>



Name in Full Lola L. Goth.		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Rossville <small>Town</small>		Pa. <small>County</small>		MARYLAND
	Date of death 1907 June <small>Month</small>		26 <small>Day</small>	Age	3 <small>Months</small>
	Sex Female		Color or Race White	Birth-place md	
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name Unknown		Father's Birthplace Germany		
	Mother's Maiden Name Unknown		Mother's Birthplace Germany		
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Inanition		How long
	Immediate		2 days		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. V. Wallace		
			Address Rossville Md.		
	Accident or Suicide?				

157



Name
in
Full

Catherine Gouldman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Highlandtown		Baltimore		MARYLAND	
Date of death	190	Month	6	Day	21	Age	28
Sex	Female		Color or Race	White		Birth-place	Baltimore
Occupation	Housewife		Where Residing if not at place of death		1410 - 3 ¹⁰ St.		
Married, Single or Widowed	M.		Name of Wife or Husband	Samuel Gouldman			
Father's Name	Ernest Hinternesch		Father's Birthplace	Germany			
Mother's Maiden Name	Louisa		Mother's Birthplace	" "			
Name of person giving information	Samuel Gouldman		How related to deceased	Husband			

CAUSES OF DEATH

(77)

PHYSICIAN
OR CORONER

Primary	adherent Pericarditis		How long	8 yrs
Immediate	Exhaustion Syncope		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Gar L. Ormazabal
	110		Address	3rd South Highlandtown Md
Accident or Suicide?	No			

Oak Lawn Cemetery

Henry J. Lee

6/23/07

Name
in
Full

Catherine M. Gregg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Upper Falls.^{County} Balto

Date

of death 1907

Month

6

Day

13

Age

Years

81

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Balto. Co. Md.

Occupation

House wifes

Where Residing if not
at place of death

the same

Married, Single
or Widowed

married

Name of Wife or
Husband

Maklon Gregg.

Father's
Name

Lloyd Macenbin

Father's
Birthplace

Ind

Mother's
Maiden Name

Mary Foard

Mother's
Birthplace

md

Name of person giving
Information

M. G. Buckingham

How related
to deceased

daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Failure from advanced age

How long

Several weeks

Immediate

Cardiac weakness & failure

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

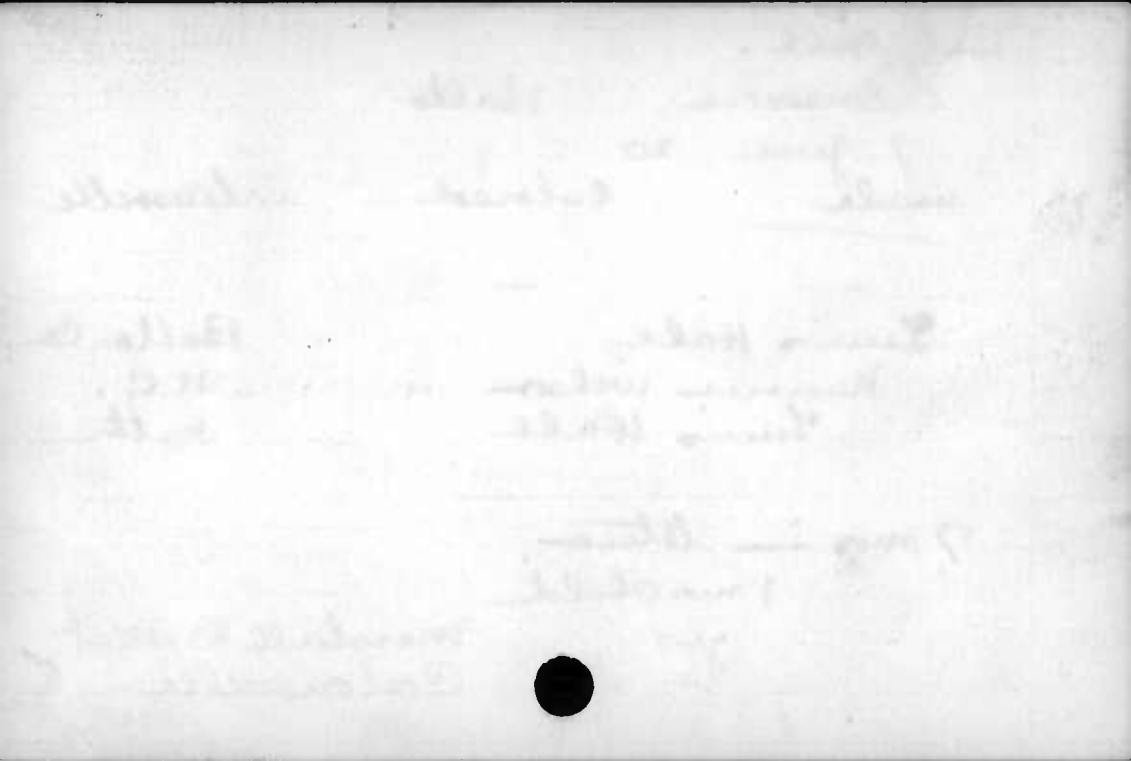
M. G. Buckingham

Maklerville

Md.

Accident or Suicide?

No



Baby Hall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Eatonville ^{Town}

Balto^{County}

MARYLAND

Date of death 1907 Month June

Day
20

Age _____ Years _____

Months

Days

Sex *male*

Color or Race

Colored

Birth-place *Catonsville*

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's Name Lewis Hall

Father's Birthplace *Balto Co*

Mother's
Maiden Name Hannie Wilson

Mother's Birthplace *an. C.*

Name of person giving information Lewis Hall

How related to deceased Father

CAUSES OF DEATH

Primary 7 mos in utero

How long

Immediate

7 mos Child

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

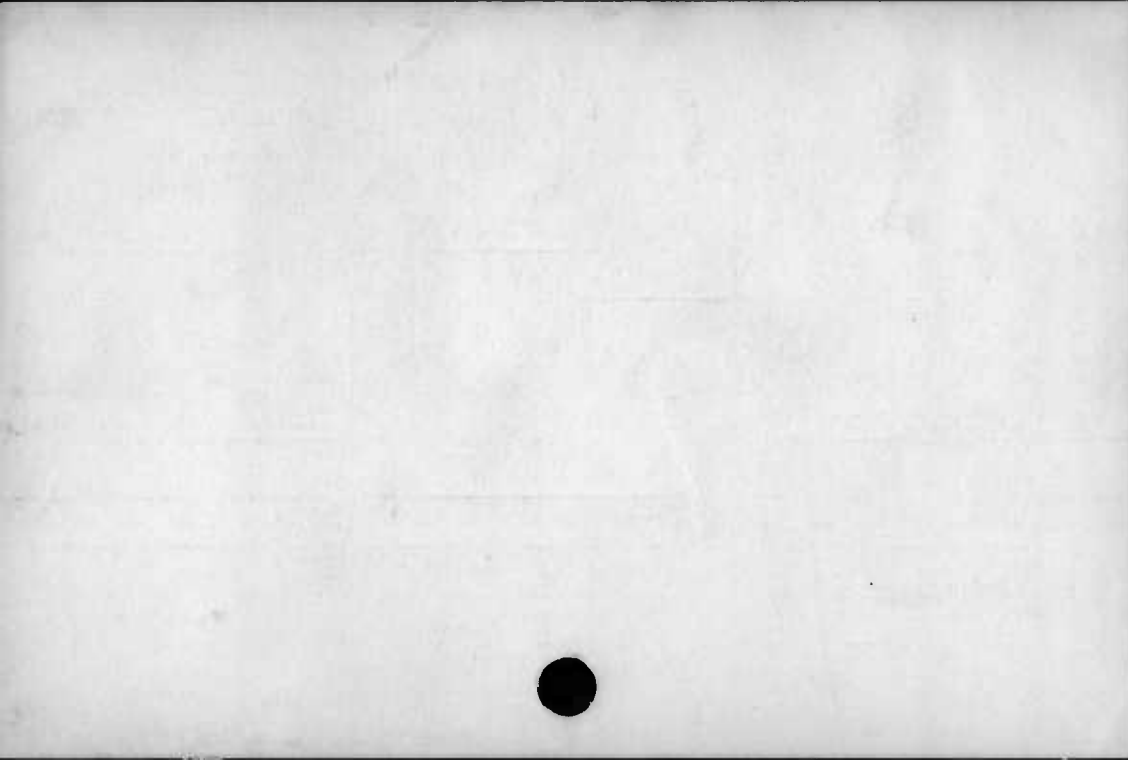
Signature of Physician

Address

Marshall B. West
Catonsville
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Henry Isaac Hamburger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *J & E P. Hosp. Town Md.* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *6th* ^{Day} *30* ^{Years} *41* ^{Months} *—* ^{Days} *—*

Sex *M* Color or Race *W* Birth-place *Baltimore*

Occupation *Merchant* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *Married* Name of Wife or Husband *Merle (Friedmann) Hamburger*

Father's Name *Isaac Hamburger* Father's Birthplace *Germany*

Mother's Maiden Name *Betty Hamburger* Mother's Birthplace *Germany*

Name of person giving information *E. D. Brink* How related to deceased *Physic*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Melancholia* **(157)** ✓ How long *3 Wks.*

Immediate *asphyxia - Strangulation* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

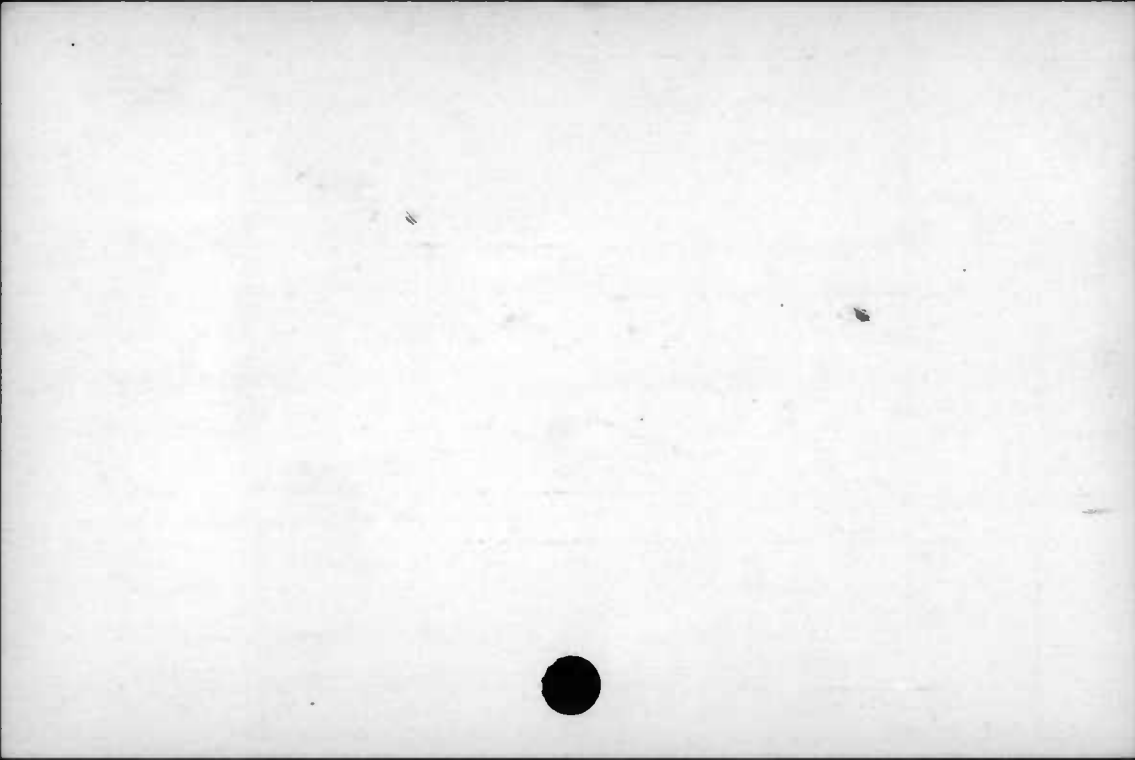
Signature of Physician *A. C. Maassburg M.D.* Address *Joseph B. Herbert*

Accident or Suicide? *Suicide* *Coroner*

David Sandheim

Informant
Baltimore Hebrew
Community

Name in Full		Town				County		CERTIFICATE OF DEATH	
Sarah R. Hance		Catoonsville				Baltimore		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months	Days
1907		June			12th	74			
Sex		Color or Race		Birth- place					
Female		White		Baltimore					
Occupation		Where Residing if not at place of death							
Lucy		Has resided at Catoonsville two years							
Married, Single or Widowed		Name of Wife or Husband							
Single		—							
Father's Name		Father's Birthplace							
Seth Hance		Baltimore							
Mother's Maiden Name		Mother's Birthplace							
— Unobtainable		Unobtainable							
Name of person giving In formation		How related to deceased							
Sydney T. Gruney, M.D.		Physician							
CAUSES OF DEATH									
Primary		How long							
Senility		(95)				Several years			
Immediate		How long							
Hypostatic Pneumonia		3 days							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address					
Yes		Sydney T. Gruney, M.D.		School, Catoonsville					
Accident or Suicide?									
No									



Name

in
Full

German Horton Hunt

CERTIFICATE OF DEATH

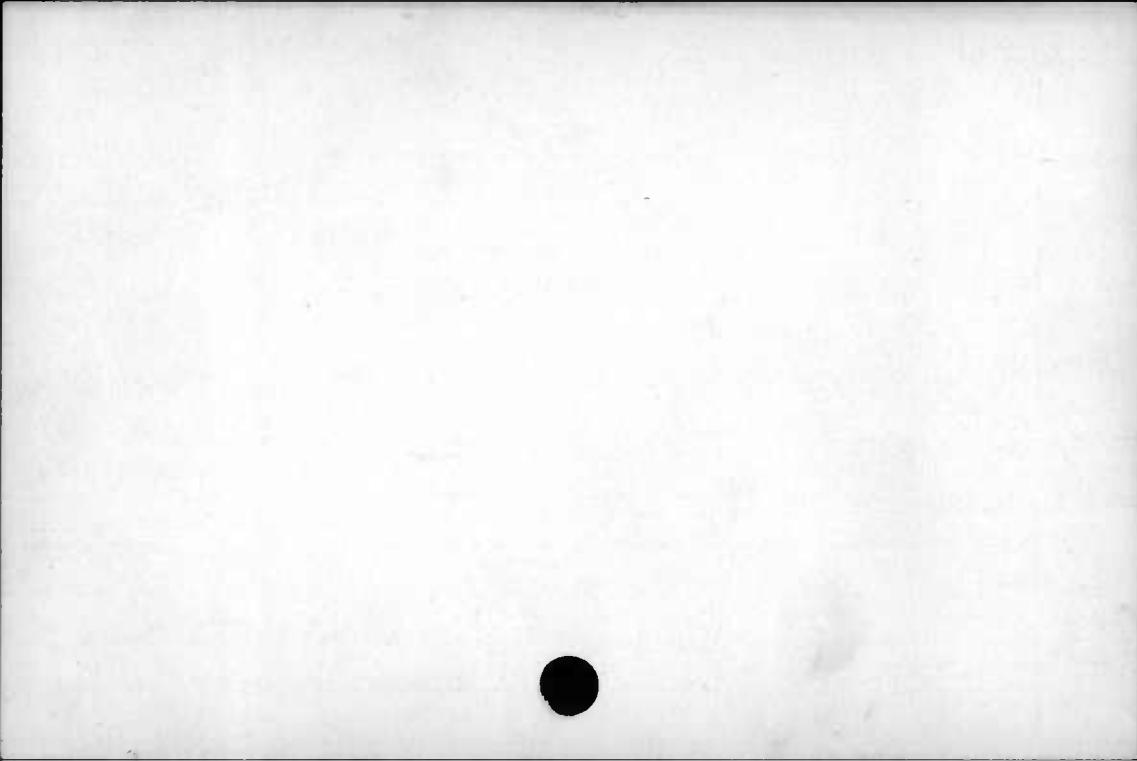
TO BE ANSWERED BY
NEAREST FRIEND

Died at Chattanooga		County Baltimore		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1907	June	16	78		5
Sex male	Color or Race White		Birthplace Baltimore		
Occupation Retired			Where Residing if not at place of death 1802 W. Eutaw Pl.		
Married, Single or Widowed Widower	Name of Wife or Husband Louisa H. Hunt				
Father's Name German Hunt			Father's Birthplace England		
Mother's Maiden Name Elizabetta Horton			Mother's Birthplace England		
Name of person giving information W. H. Euper Jr			How related to deceased Grandson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age.	How long	(64)
Immediate	Apoplexy.	How long	17 1/2 yrs -
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Steiger Davis M.D.	
		Address St. Paul & Preston Sts - Baltimore	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Still birth of Otto & Annie Heckner

CERTIFICATE OF DEATH

Died at		Town Franklinton		County Baltimore		MARYLAND		
Date of death		190	Month 7	Day 11 th	Age —	Years —	Months —	Days —
Sex	Male		Color or Race	White American		Birth- place	Franklinton	
Occupation	none			Where Residing if not at place of death		Franklinton Md		
Married, Single or Widowed	Single		Name of Wife or Husband		—			
Father's Name	Otto Heckner				(S)	Father's Birthplace	Maryland	
Mother's Maiden Name	Annie Davis					Mother's Birthplace	Maryland	
Name of person giving In formation	Otto Heckner					How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Still birth	(S)	How long	—	
	Immediate	—		How long	—	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	A. C. Smink	
				Address	Woodlawn St	
Accident or Suicide?						—

Jonestown Cemetery
Howard County
Md

Wm Coop
502 E North Ave

Name
in
Full

Grover W Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Middleburg^{County} Buick

Date of death 1907 June

Day 12

Age 26 Years

Months 10

Days 23

Sex Male

Color or Race white

Birth-place Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Grover W Henderson

Father's
Birthplace

Pa

Mother's
Maiden Name

Minnie Buick

Mother's
Birthplace

Pa

Name of person giving
In formation

Minnie Henderson

How related
to deceased

mother

CAUSES OF DEATH

Primary

Dysentery

(14)

How long

3 weeks

Immediate

Coronary

How long

8 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

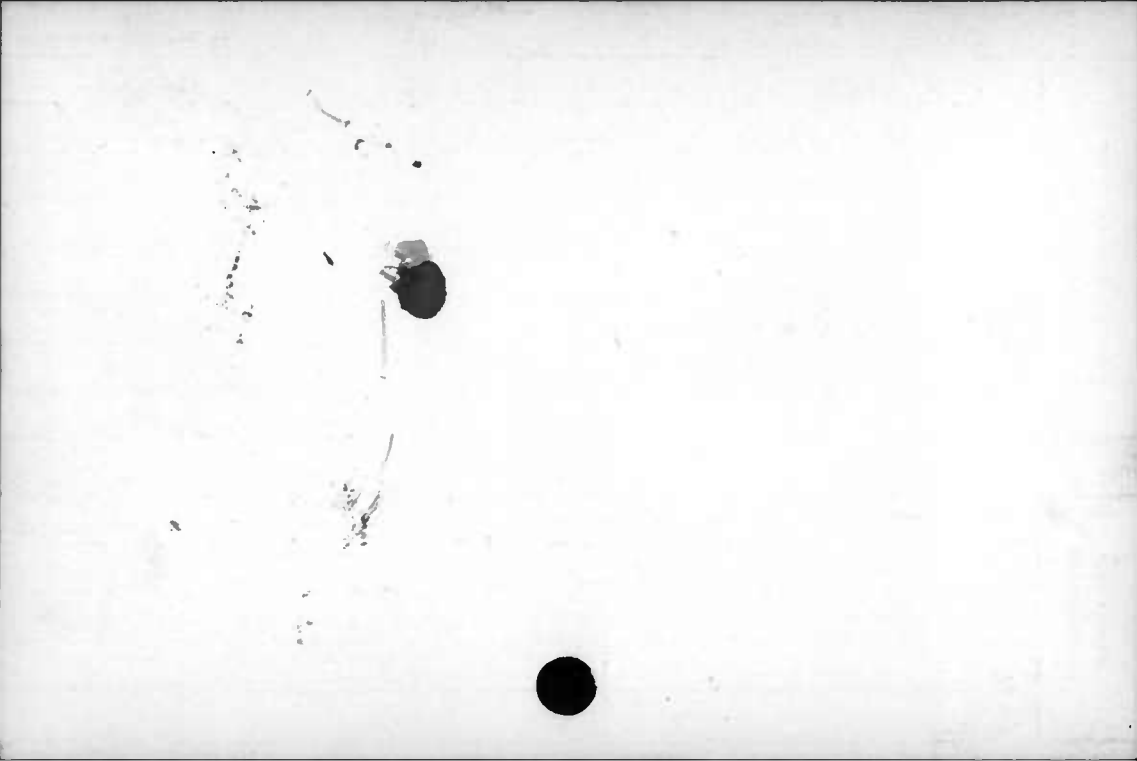
John W. Harrison MD

Address

Middleburg Md

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

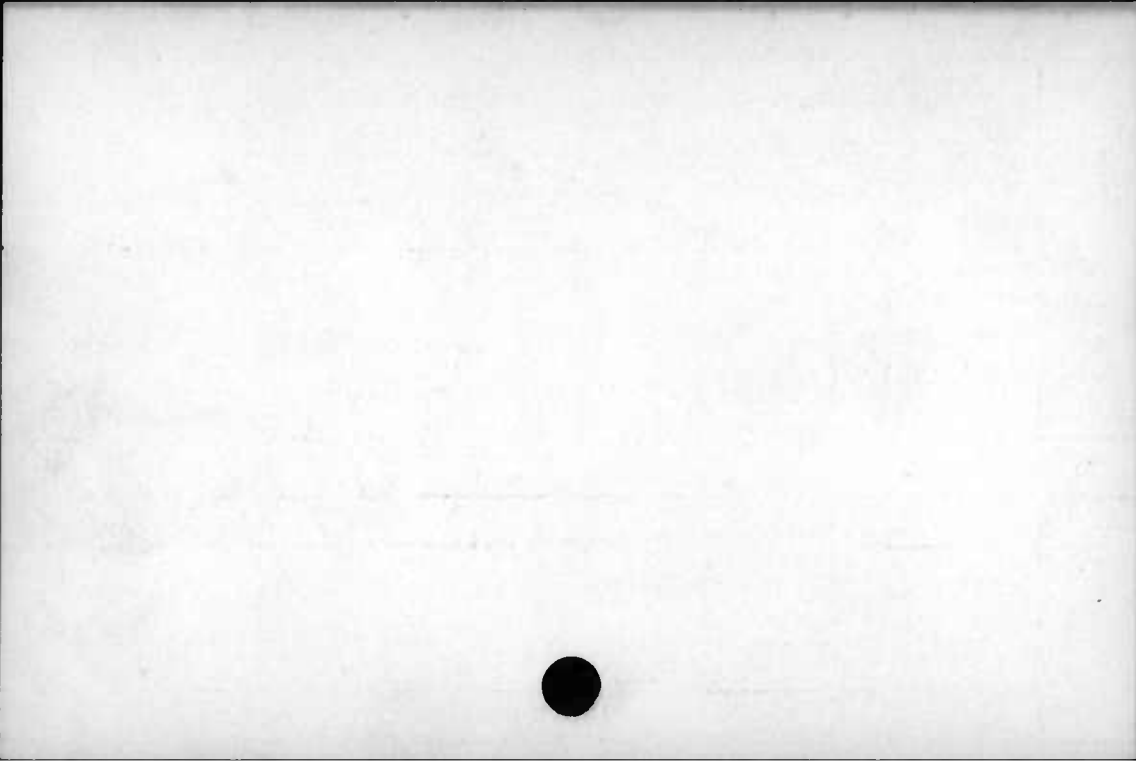
Name in Full John George Herbert		Town Middle River		County Balto.		MARYLAND	
Died at Middle River		Month June		Day 3		Age 69	
Date of death 1907		Month June		Day 3		Age 69	
Sex Male		Color or Race White		Birth-place Germany		Months 2	
Occupation Farmer		Where Residing if not at place of death —		Days 8			
Married, Single or Widowed Widowed		Name of Wife or Husband —		Father's Name Unknown		Father's Birthplace —	
Mother's Maiden Name Unknown		Mother's Birthplace —		Name of person giving Information John Gollup		How related to deceased Son-in-law	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	1 year
Immediate	Ascites	How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Dr. F. A. Slantz	
		Address	
		41 Eastern Ave. Et.	
Accident or Suicide?			



Name in Full		Margaret Hessler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Baltimore Co.		MARYLAND	
	Date of death	1907	Month June	Day 4	Age 17	Years 3	Months Days 1
	Sex	Female		Color or Race	White		
	Occupation	Telephone Opr.		Where Residing if not at place of death	New York		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Hessler			Father's Birthplace	Md.	
	Mother's Maiden Name	Sophia Diedeman			Mother's Birthplace	Germany	
	Name of person giving information	Sophia Hessler			How related to deceased	Mother	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Pneumonia			(93)	How long	14 days
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	J. S. Warner M.D.	
	Accident or Suicide?			no	Address	1120 Highlandav	

Interment Brooklyn N.Y.

June 6th 1907

Germanus France
Undertaker.

Name
in
Full

William. Harry. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

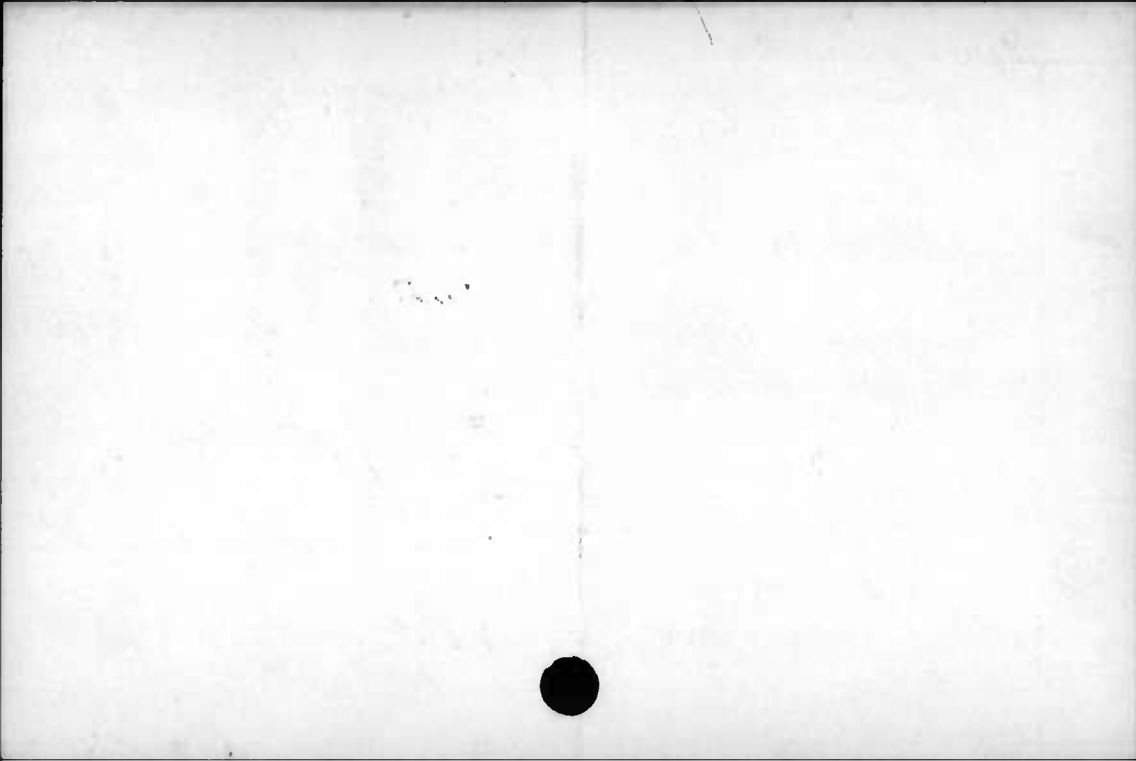
Died at <i>Edmundson at old Fred's Road</i>		Town <i>?</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>24</i>	Age <i>6 years</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>— — —</i>					
Father's Name <i>Wm Hill</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Lida Tice</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mrs Hill</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

(101)

PHYSICIAN
OR CORONER

Primary <i>Ulcerative Insults (Quinsy)</i>	How long <i>one week</i>
Immediate <i>Gangrene (Exhaustion)</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John F. Mangus Md</i>
<i>yes</i>	Address <i>1002 Edmundson ave</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Marguerete Hooper* Town *Bullsville* County *Baltimore*

Died at *Bullsville* *Baltimore*

Date of death *1907* Month *June* Day *26* Age *66* Months *—* Days *—*

Sex *female* Color or Race *colored* Birth-place *Maryland*

Occupation *Armenia* Where Residing if not at place of death *at place of death*

~~Married, Single or Widowed~~ *Widow* Name of Wife or Husband *Unknown*

Father's Name *John Brown* Father's Birthplace *Maryland*

Mother's Maiden Name *Bessie Brown* Mother's Birthplace *Maryland*

Name of person giving information *Mary Young* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* *(66)* How long *3 days*

Immediate *Paralysis of heart* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Providence* Address *Int. Union*

Accident or Suicide? *no*

John T. Goodwin
Mt Auburn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rosam A Hughes

Died at *Wallis* ^{Town} *Baltimore* ^{County}

MARYLAND

Date of death *1907* ^{Month} *Jan* ^{Day} *22* ^{Years} *58* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *white* Birth-place *md*

Occupation *1st* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Wesley Hughes*

Father's Name *Unknown* Father's Birthplace *—*

Mother's Maiden Name *Unknown* Mother's Birthplace *—*

Name of person giving information *Wesley Hughes* How related to deceased *brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Auto Poison Hemiplegia* 134 How long *four hours*

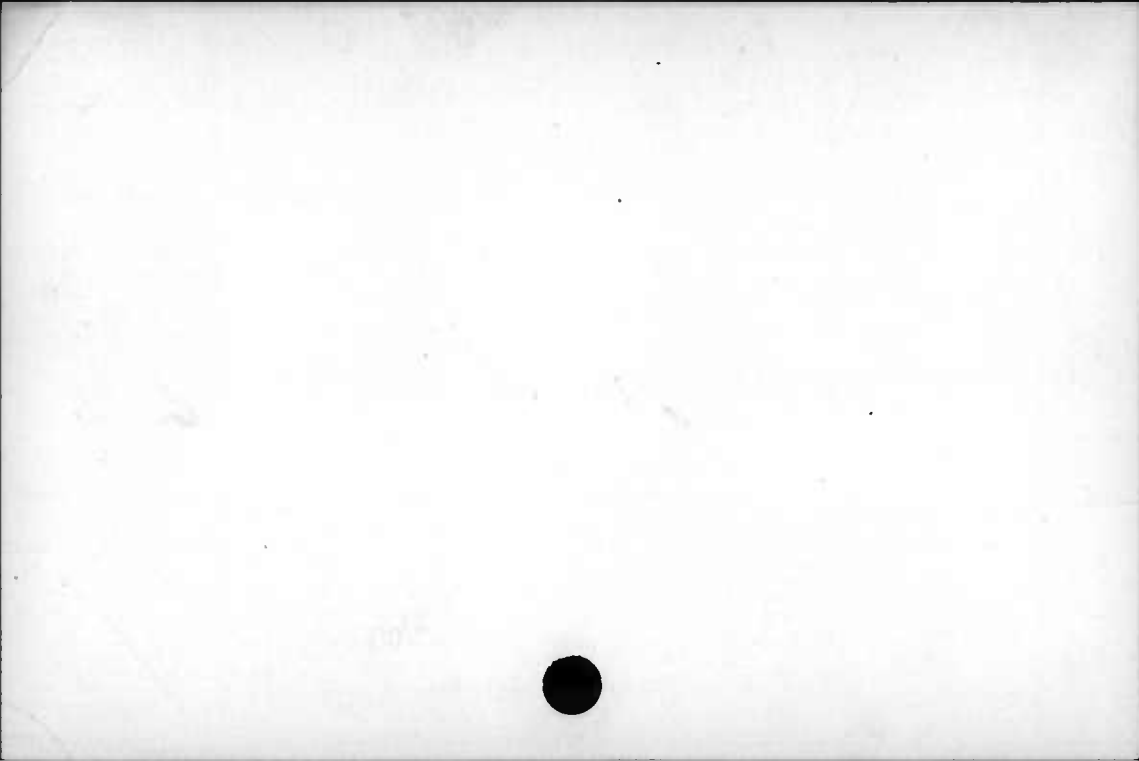
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Arthur H. Hannon M.D.*

Address *Middle River Md*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lebanonville</i>		County <i>Butts</i>		MARYLAND	
Date of death		Month <i>June</i>		Day <i>8</i>		Age <i>37</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Ireland</i>			
Occupation <i>Domestic</i>		Where Residing if not a place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name <i>Unknown</i>		Father's Birthplace <input checked="" type="checkbox"/>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <input checked="" type="checkbox"/>					
Name of person giving In formation		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stomach</i>	How long	<i>5 yrs.</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. P. Wade</i>	
Address		<i>Lebanonville, Ind.</i>	
Accident or Suicide?			
<i>No</i>			

W C Weddelfeld
Holy Cross Cemetery..

Name
in
Full

Sawa Ivanov

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sparrow Point* Town *Cal to* County

MARYLAND

Date of death *1907* Month *June* Day *22* Age *25* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Russia*

Occupation *Laborer* Where Residing if not at place of death *Sparrow Point*

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Russia*

Mother's Maiden Name *Unknown* Mother's Birthplace *Russia*

Name of person giving information *Joe Blair* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

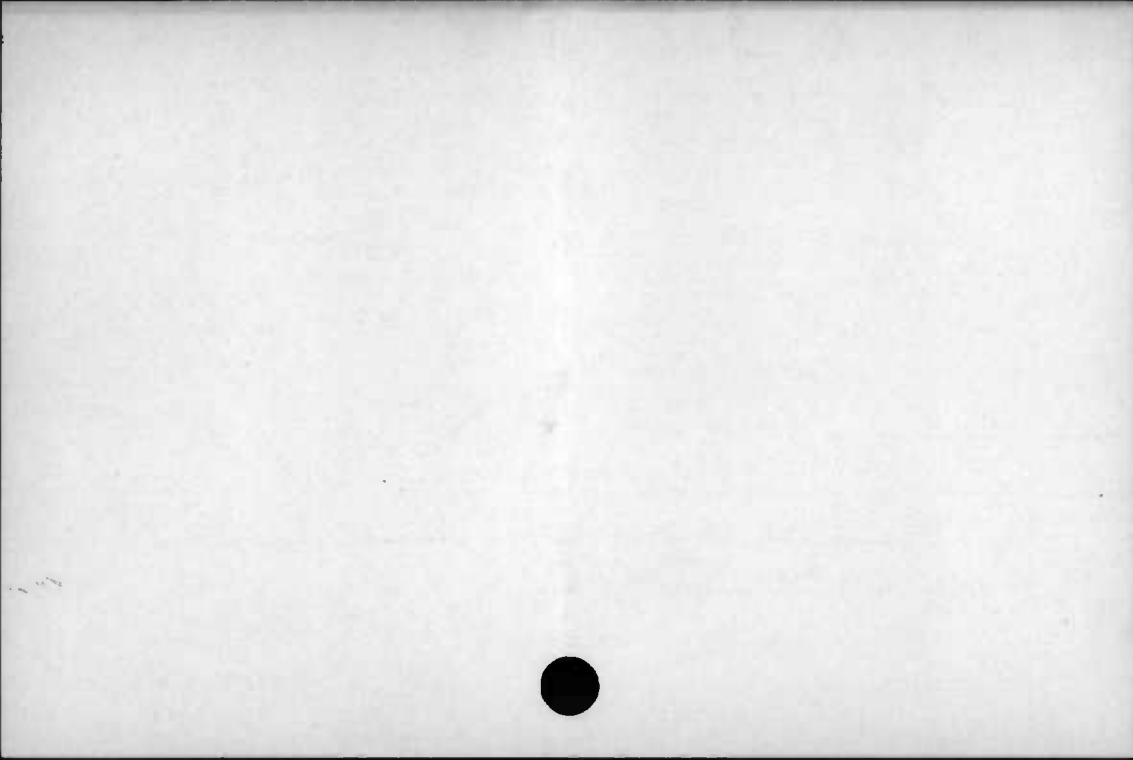
How long

How long

172

Drowning

Joe Blair J. P.
Sparrow Point
md



Name
in
Full

Susanna Whetenhall Johnston

CERTIFICATE OF DEATH

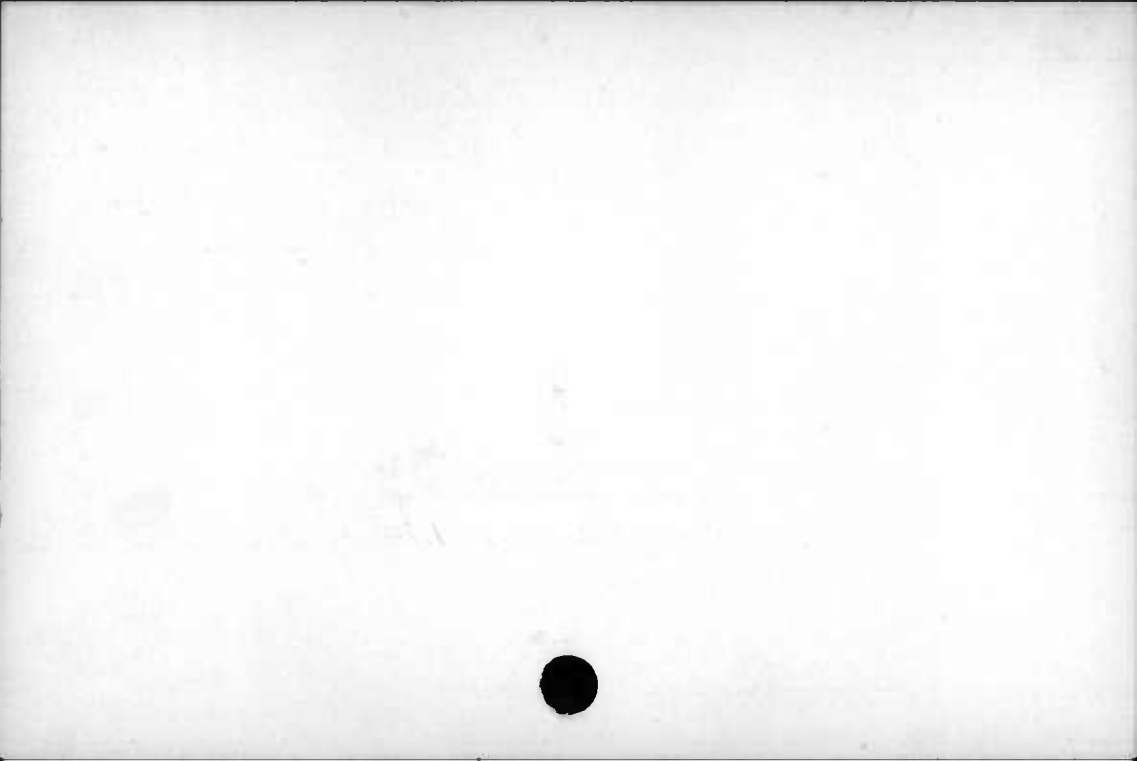
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Thomas' Rectory</i>		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>25th</i>	Age <i>—</i>	Months <i>—</i>	Days <i>4</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>St. Thomas Rectory Baltimore Co.</i>	
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Christopher Johnston</i>			Father's Birthplace <i>Baltimore, Md.</i>		
Mother's Maiden Name <i>Madeleine J. Tilden</i>			Mother's Birthplace <i>Baltimore, Md.</i>		
Name of person giving information <i>Christopher Johnston</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	<i>151</i>	How long
Immediate	<i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>St Louis Taylor</i>	
		Address <i>Pikeville</i>	
		<i>Md</i>	
Accident or Suicide?			



Name in Full		Helen Kennedy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highlandtown	County Baltimore		MARYLAND	
	Date of death		1907	Month 6	Day 13	Age 3	Years 10
	Sex		Female		Color or Race		White
	Occupation		None		Birth- place		Balto. Co.
			Where Residing if not at place of death		113 Eastern Ave. Ex.		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Michael Kennedy		Father's Birthplace		Balto
Mother's Maiden Name		Ella Croghan		Mother's Birthplace		" "	
Name of person giving In formation		Ella Kennedy		How related to deceased		Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid Fever		How long		7 weeks.
	Immediate		Pneumonia		How long		14 hours.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. F. A. Slantz
					Address		41 Eastern Ave. Ex.
Accident or Suicide?							

St. Patrick Conn
Hornig & Son
6/15/07

Name
in
Full

John P. Kiger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville		County		Baltimore		MARYLAND		
Date of death		1907	Month	June	Day	8	Age	86	Months	Days
Sex		male		Color or Race		white		Birth-place		Virginia
Occupation		none		Where Residing if not at place of death						
Married, Single or Widowed		widower		Name of Wife or Husband		Malinda J. Kiger				
Father's Name		Patrick		Kiger		Father's Birthplace		Va		
Mother's Maiden Name		Malinda		Shanklin		Mother's Birthplace		N. Va		
Name of person giving information		J. H. M. Kiger		How related to deceased		son				

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Senile Dementia	How long	9 years
Immediate	Apoplexy	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. J. Percy Wade	
Address		Md. Hospital for Insane	
Accident or Suicide?		neither	
		Catonsville, Md	

Rockville

Md

Joe Brook

Name
in
Full

Bessie M. Kite

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

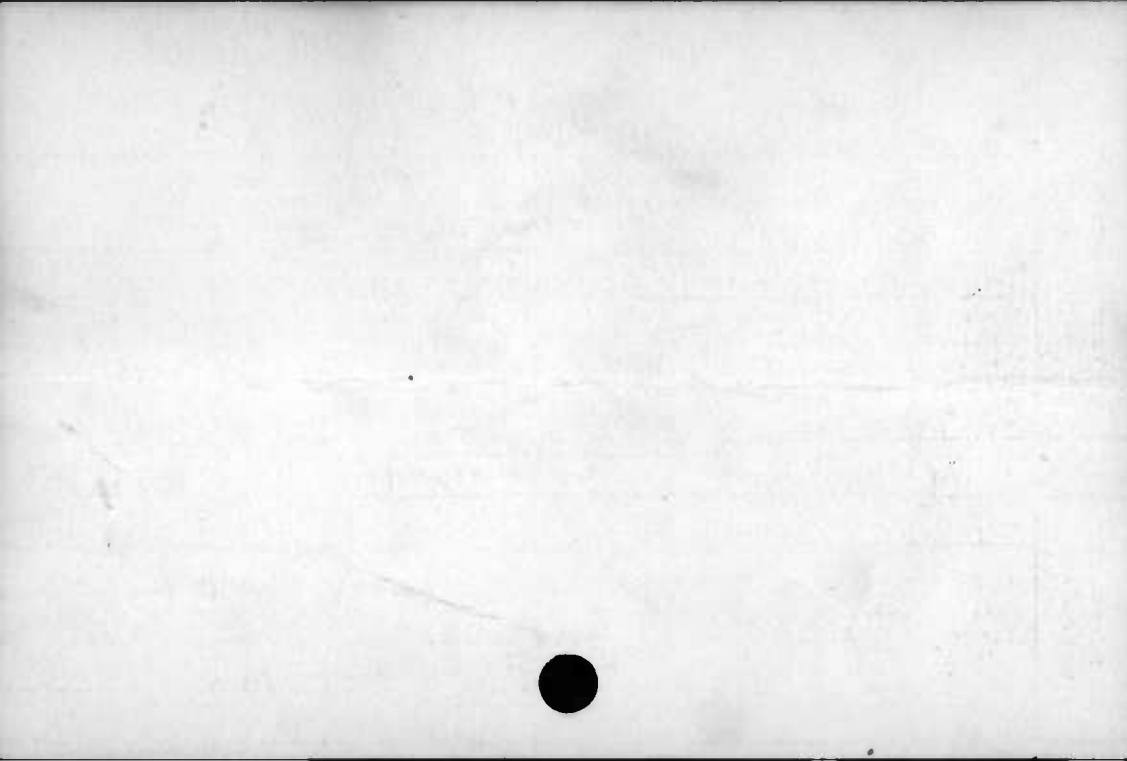
Died at <u>Uella</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	<u>1907</u>	Month	<u>June</u>	Day	<u>12</u>
Age		<u>27</u>	Years	Months	<u>1</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Uella</u>
Occupation	<u>Housekeeper</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Wm W. Kite</u>			
Father's Name	<u>John Gayer</u>	Father's Birthplace	<u>Maryland</u>		
Mother's Maiden Name	<u>Elizabeth Gayer</u>	Mother's Birthplace	<u>Maryland</u>		
Name of person giving information	<u>Wm W. Kite</u>	How related to deceased	<u>Husband</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Phthisis Pulmonalis</u>	How long	<u>3 months</u>
Immediate	<u>Uella</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
Signature of Physician		<u>H. M. Brown</u>	
Address		<u>Uella City, Md</u>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>June</i> <small>Month</small>	<i>15th</i> <small>Day</small>	Age <i>79</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Germany</i>			
Occupation <i>Tanner</i>	Where Residing if not at place of death <i>at Place of death</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Annie Fisher</i>				
Father's Name <i>Charles Kreigler</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Prussia</i>				
Name of person giving information <i>Geo. Goeller</i>	How related to deceased <i>son in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	<i>154</i>	How long <i>—</i>
Immediate <i>Complication of disease</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>	
	Address <i>1570 Highland Ave</i>	
	<i>Baltimore County Md</i>	
Accident or Suicide?		

Holy Redeemer
Cemetery
June 17/1907

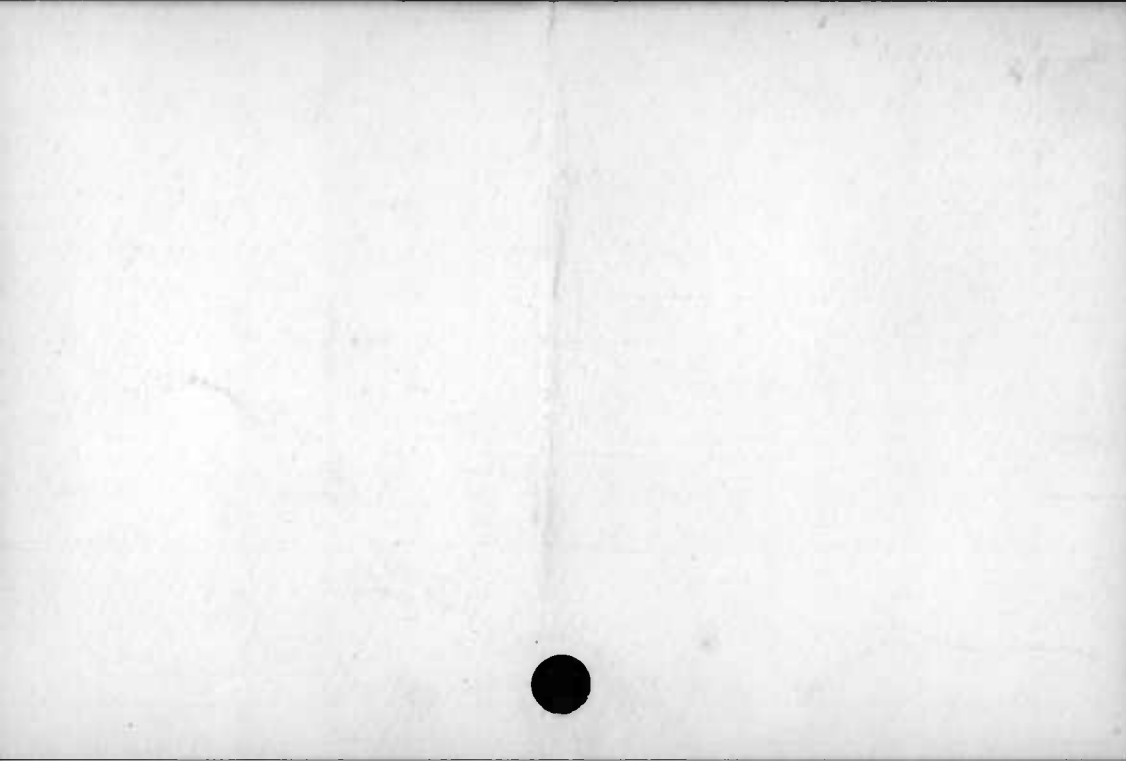
Wm Cook

502 E. North ave
Bapt. ch

Name in Full Souise. P. Kumlchn		CERTIFICATE OF DEATH			
Died at Bay shore MD		County Baltimore		MARYLAND	
Date of death	Month June	Day 28th	Years 20-	Months 11	Days 4
Sex Female	Color or Race White		Birth-place Baltimore		
Occupation Domestic		Where Residing if not at place of death 1935 E. Fayette St			
Married, Single or Widowed single	Name of Wife or Husband none				
Father's Name H. C. W. Kumlchn	Father's Birthplace Germany				
Mother's Maiden Name Minnie Kumlchn	Mother's Birthplace LI				
Name of person giving information H. C. W. Kumlchn	How related to deceased Sister				
CAUSES OF DEATH					
Primary Drowning	(172)		How long same date		
Immediate suffocation			How long " "		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician P. A. Dunningan			
		Address 203 Toone Ct. Crown			
Accident or Suicide? Accident					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

~~North Point~~ Rebecca Lloyd
 Town Balto Co. County B Balto.

MARYLAND

Date
of death 190

Month

6

Day

29

Age

Years

79

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Balto.

Occupation

None

Where Residing if not
at place of death

North Point near Eastern ave

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Thos. Lloyd

Father's
Name

John Plymmer

Father's
Birthplace

Balto.

Mother's
Maiden Name

Hannah

Mother's
Birthplace

" "

Name of person giving
In formation

Geo. W. Lloyd

How related
to deceased

Son

CAUSES OF DEATH

(166)

Primary

Paralysis, and

How long

General

Immediate

Debility due to old age,

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M. A. Fair

Address

12 E 25th St
Balto Md.

Accident or Suicide?

No

Mr. Carmel Com.

J. Herwig & Son

7/1/07

Name
in
FullLewis Andrew M^c Daniel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

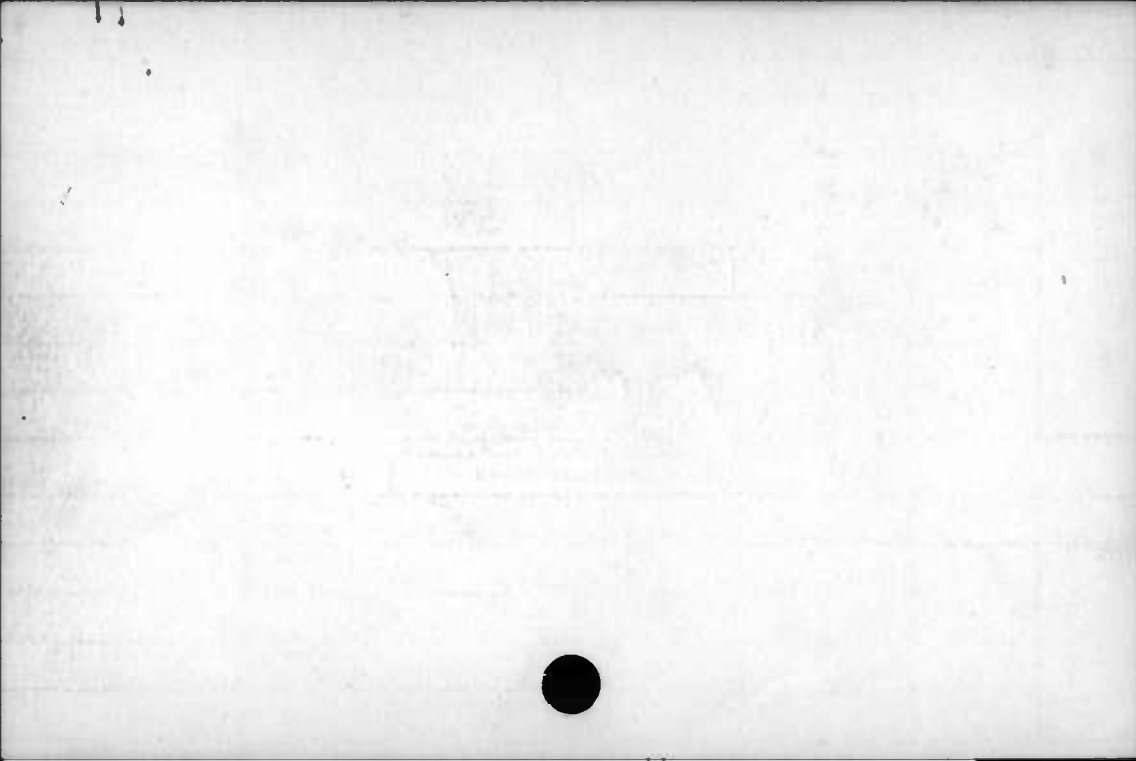
Died at <u>Arlington</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1907	Month	June	Day	2nd
Age	61	Years		Months	4
				Days	21
Sex	Male		Color or Race	White American	
Occupation	Retired		Birth-place	Maryland	
Where Residing if not at place of death			Groveland ave		
Married, Single or Widowed	Married		Name of Wife or Husband	Mary M ^c Daniel	
Father's Name	John W M ^c Daniel		Father's Birthplace	Maryland	
Mother's Maiden Name	Ann Wrightson		Mother's Birthplace	Maryland	
Name of person giving information	WR M ^c Daniel		How related to deceased	Brother	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	
Immediate	Cerebral Hemorrhage	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. F. Hendersh
		Address	510 E city.
Accident or Suicide?			



Name
In
Full

Anne Parker McPherson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Irvingville* ^{County} *Balto* **MARYLAND**

Date of death 1907 ^{Month} *6* ^{Day} *19* Age ^{Years} *4* ^{Months} *5* ^{Days}

Sex *F.* Color or Race *white* Birth-place *Ind -*

Occupation *✓* Where Residing if not at place of death *Danville*

Married, Single or Widowed *✓* Name of Wife or Husband *✓*

Father's Name *C. P. McPherson* Father's Birthplace *Ind*

Mother's Maiden Name *Emma Bapine* Mother's Birthplace *Ind*

Name of person giving information *Emma McPherson* How related to deceased *Mother*

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary *Ecterus neonotorum* How long *1 day*

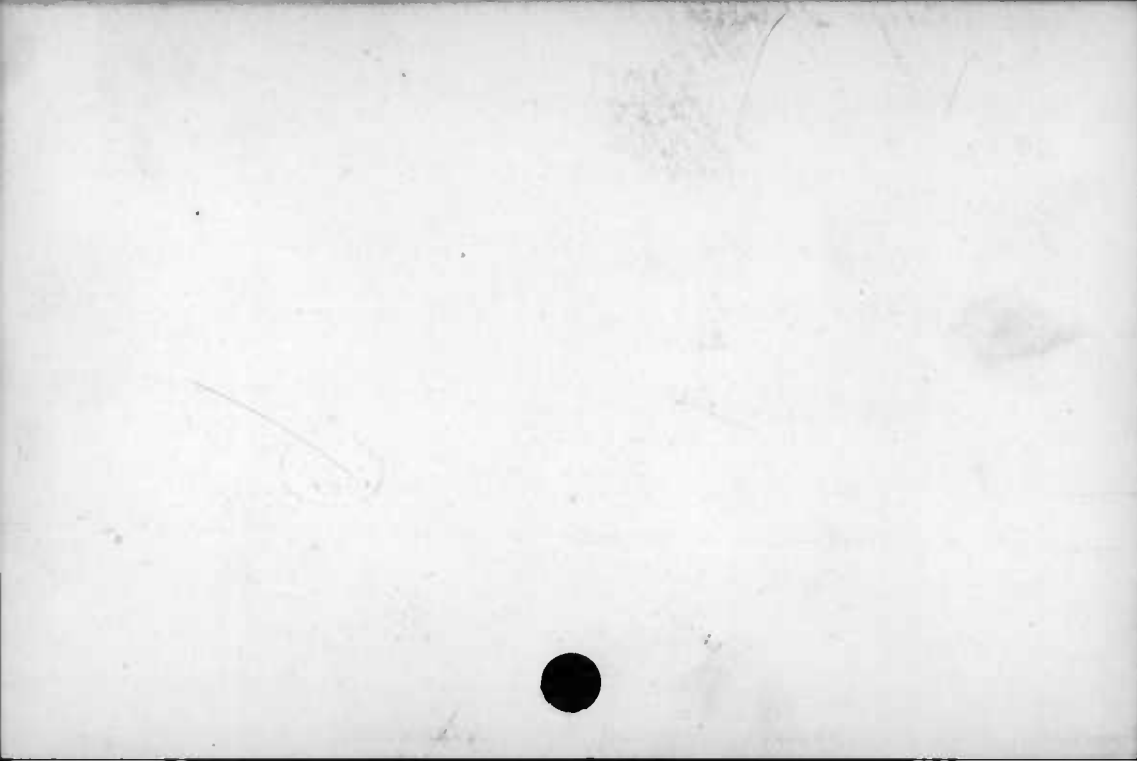
Immediate *Passive Congestion of Lungs* How long *few hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Y. Bernard H. Cassidy*

Address *Roland Park*

Accident or Suicide? *✓*



Name
in
Full

Edna Fredericka Maisenhalder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>27</u>	Age <u>2</u> Years	Months <u>3</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Canton</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed			Name of Wife or Husband <u>—</u>		
Father's Name <u>George J. Maisenhalder</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Annie E. Hartman</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Geo. J. Maisenhalder</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heat Stroke</u>	<u>169</u>	How long <u>1 1/2 days</u>
Immediate <u>Convulsions, Coma</u>		How long <u>7 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. W. Jones M.D.</u>	Address <u>3116 O'Donnell St</u>
Accident or Suicide? <u>—</u>		

Zukler + Zikler
1739 E. Cagu St

Mt. Carmel Cem.

June 29-1907

Name
in
Full

William Mateer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

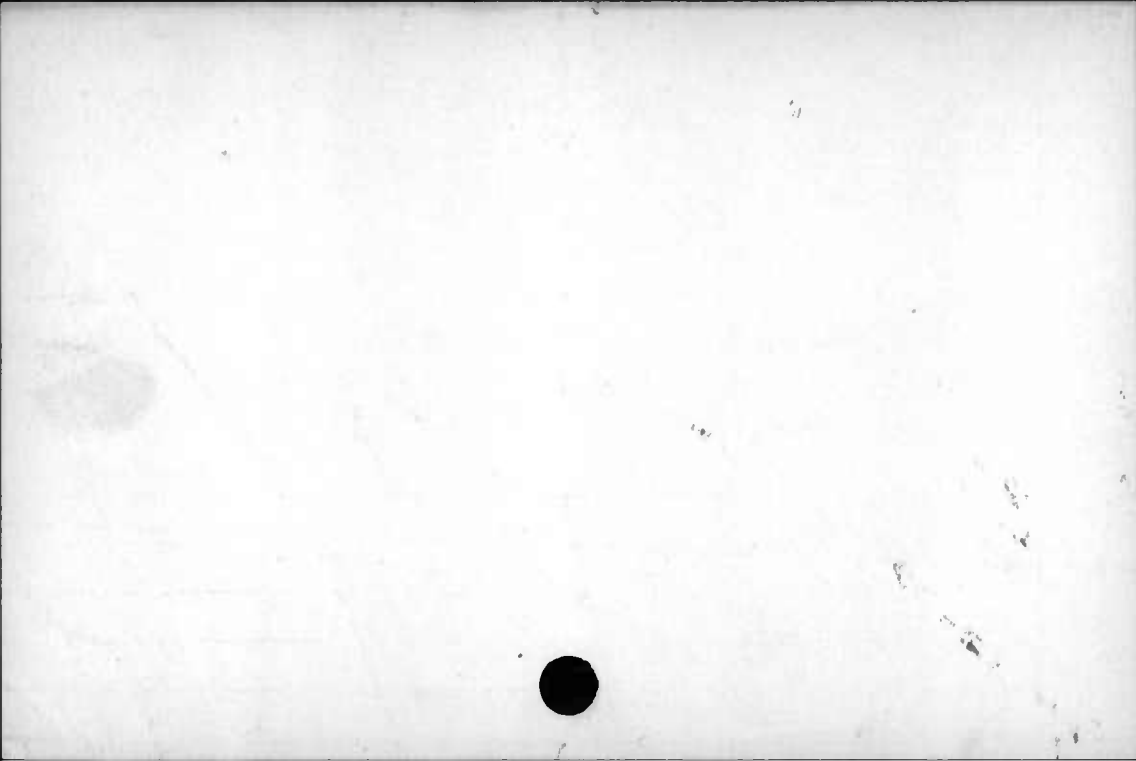
Died at <i>Spinnis Point</i>		Town <i>Buttermere</i>		County		MARYLAND	
Date of death	1907	Month	June	Day	10	Age	75
						Years	10
						Months	37
Sex	Male		Color or Race	White		Birth-place	Mount Joy, Pa.
Occupation	Locomotive Engineer			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Wm. Mateer			Father's Birthplace			Pa.
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Mrs. Arthur Butty			How related to deceased			Daughter

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	<i>Supplementary Rheumatism</i>		How long	<i>Years</i>
Immediate	<i>Myocardial Insufficiency + Thrombosis</i>		How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		<i>I. Frank C. Elder</i>		
		Address		
		<i>Spinnis Point, Md.</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Orville Morris Matthews

Died at *Glen Arm* ^{Town} *Balto.* ^{County}

Date of death *1907* ^{Month} *June* ^{Day} *9* ^{Years} *✓* ^{Months} *6* ^{Days} *✓*

Sex *male* ^{Color or Race} *Black* ^{Birth-place} *Balto. & Md.*

Occupation *✓* ^{Where Residing if not at place of death} *✓*

Married, Single or Widowed *✓* ^{Name of Wife or Husband} *✓*

Father's Name *Les. Matthews* ^{Father's Birthplace} *Md.*

Mother's Maiden Name *Emma Owens* ^{Mother's Birthplace} *Md.*

Name of person giving information *Emma Owens* ^{How related to deceased} *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tetanus* ^{How long} *few hours*

Immediate *Tetanus* ^{How long} *few hours*

Are the name, age, sex, color, date and place correctly given above? *✓* ^{Signature of Physician} *J. F. H. Grosuch*

^{Address} *Tock, Md.*

Accident or Suicide? *✓*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Levas* TownCounty *Balto.*Date of death *1907* Month *June*Day *6* Age *70* Years

Months

Days

Sex *male*Color or Race *white*Birthplace *Germany*Occupation *Shoemaker*Where Residing if not at place of death *Levas Md*Married, Single or Widowed *Married*Name of Wife or Husband *Mary May*Father's Name *Unknown to me*Father's Birthplace *Germany*Mother's Maiden Name *Unknown*Mother's Birthplace *Germany*Name of person giving information *Vincent Vicari*How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary *Dilated Heart*How long *about 1 yr*Immediate *Cardiac failure*How long *Short time*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*B. F. Pursey M.D.
Levas Md*

Accident or Suicide?

Funeral at Tazewell
Saturday June 8th

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James A. Miller
Died at (near) Manor Baltimore County
Date of death 1907 6 6th Age 40 Months 1 Days
Sex Male Color of Race Colored Birthplace Manor
Occupation Labour Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband Annie Hall
Father's Name Thomas Miller Father's Birthplace Manor
Mother's Maiden Name Martha Swan Mother's Birthplace "
Name of person giving information Carol Miller How related to deceased Brother

CAUSES OF DEATH

Primary

Hypertrophy of heart
Dropsey

How long

1 year

Immediate

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

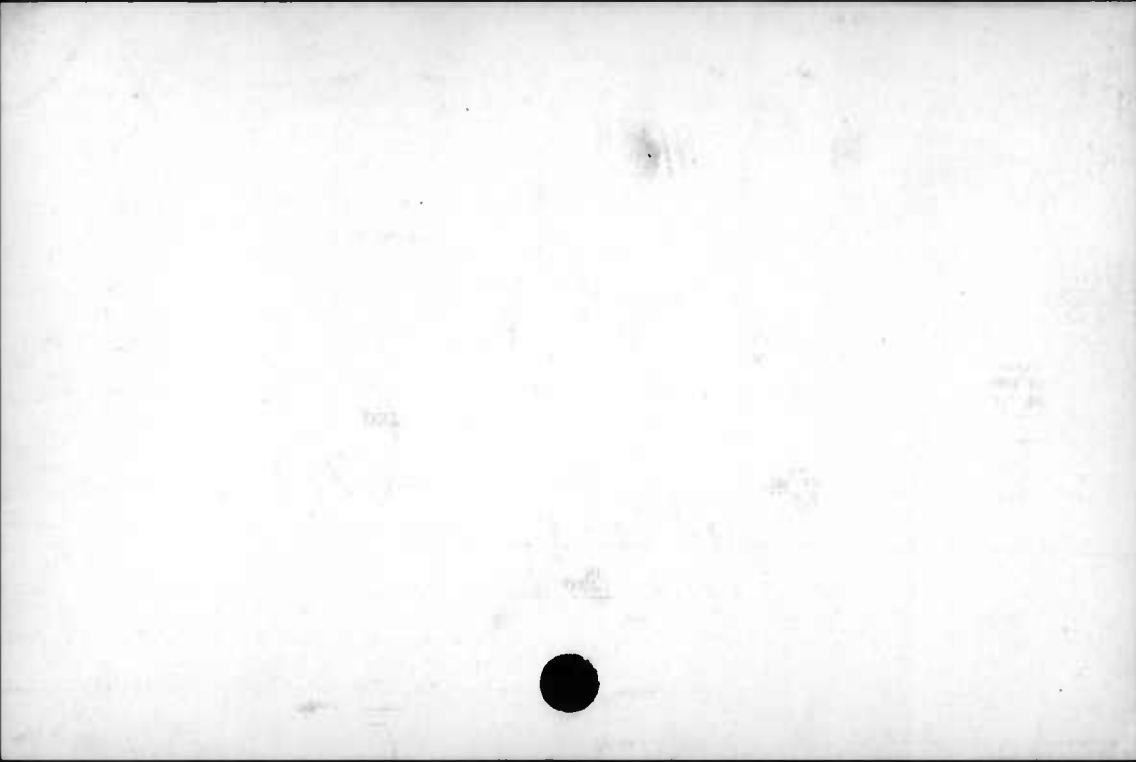
Yes.

Signature of Physician

Address

J. T. Payne
Loring - Brook
Baltimore, Md.

Accident or Suicide?



Name
in
Full

3
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>June</i> <small>Day</small>	<i>20</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>17</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balt. b. o.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Henry Miller</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Barbara Laughlin</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Barbara Miller</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>Five days</i>
Immediate	<i>Asthma</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Edw. S. S. S. S.</i>
		Address	<i>1501 E. E. S. S.</i>
Accident or Suicide?	<i>no</i>		<i>Baltimore</i>

Sacred Heart
Seminary
H. Sander & Son

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mm. Rosa Morris
Roland Park

Baltimore County C

MARYLAND

Date

of death 1907

Month

6

Day

10

Age

Years

4 3 yrs

Months

6

Days

22

Sex

F

Color or
Race

W

Birth-
place

North Carolina

Occupation

wife

Where Residing if
different from birthplace

1004 St. Roland Park, Md

Married, Single
or WidowedName of
Husband

John Morris

Father's
Name

Henry H. Shattuck

Father's
Birthplace

N.C.

Mother's
Maiden Name

Adelaide Houser

Mother's
Birthplace

N.C.

Name of person giving
information

Mother - Dr. J. J. Shattuck

How related
to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

1 1/2

Immediate

Cardiac exhaustion

How long

Two days acute

Are the name, age, sex, color, date
and place correctly given above?

are

Signature of
Physician

Henry J. Brady, M.D.

Address

Roland Park

Accident or Suicide?

E Schloman Son

Walsingham Wake Co. N.C.

300 A ~~St~~ Roland Park

Name
in
Full

Rebecca Grace Ober

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near <i>Lutherville</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	<i>June</i>	Day	<i>24th</i>
Age	<i>57</i>	Years		Months	<i>2</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Albert Graham Ober</i>		
Father's Name	<i>John A. Hambleton</i>		Father's Birthplace	<i>New Windsor Co. Canoll</i>	
Mother's Maiden Name	<i>Mary Elizabeth Woollen</i>		Mother's Birthplace	<i>Baltimore</i>	
Name of person giving information	<i>Gustavus Ober</i>		How related to deceased	<i>Brother-in-law</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>24 years</i>
Immediate	<i>Coma</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Nathan R. Smith</i>
		Address	<i>809 Park Ave Baltimore Md</i>
Accident or Suicide?			

Dr. Nathan Smith

~~5136 1st St~~

809 Park ave

Newfenters Sons Co
Funeral Directors
Greenmount Cem

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

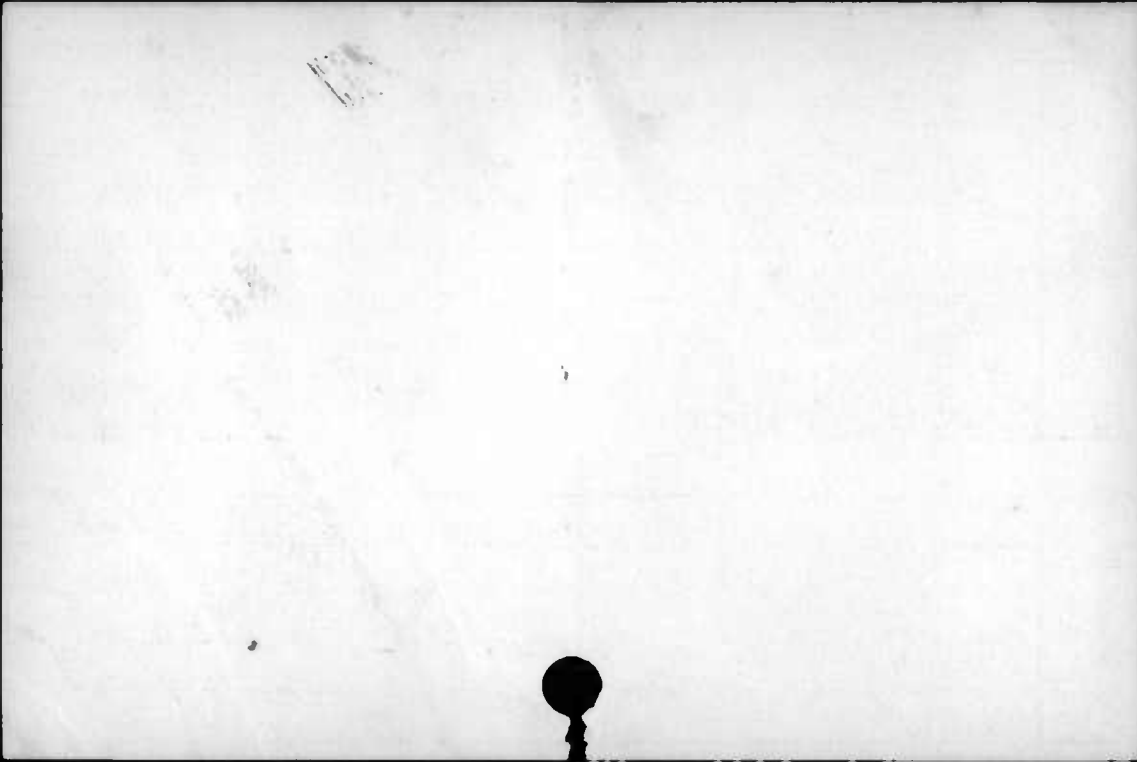
Name in Full <i>Colymbus A. O'Donnell</i>		Town <i>Spencer's Point</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Spencer's Point</i>		Month <i>June</i>		Day <i>13</i>		Age <i>26</i>	
Date of death <i>1907</i>		Months <i>1</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>Baltimore</i>					
Married Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Michael M. O'Donnell</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Margaret Flaherty</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Dennis McCall</i>		How related to deceased <i>Baltimore</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>1 1/2 years</i>
Immediate <i>Exhaustion</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. E. Eldred M.D.</i>
	Address <i>Spencer's Point</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Lawrence W. Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

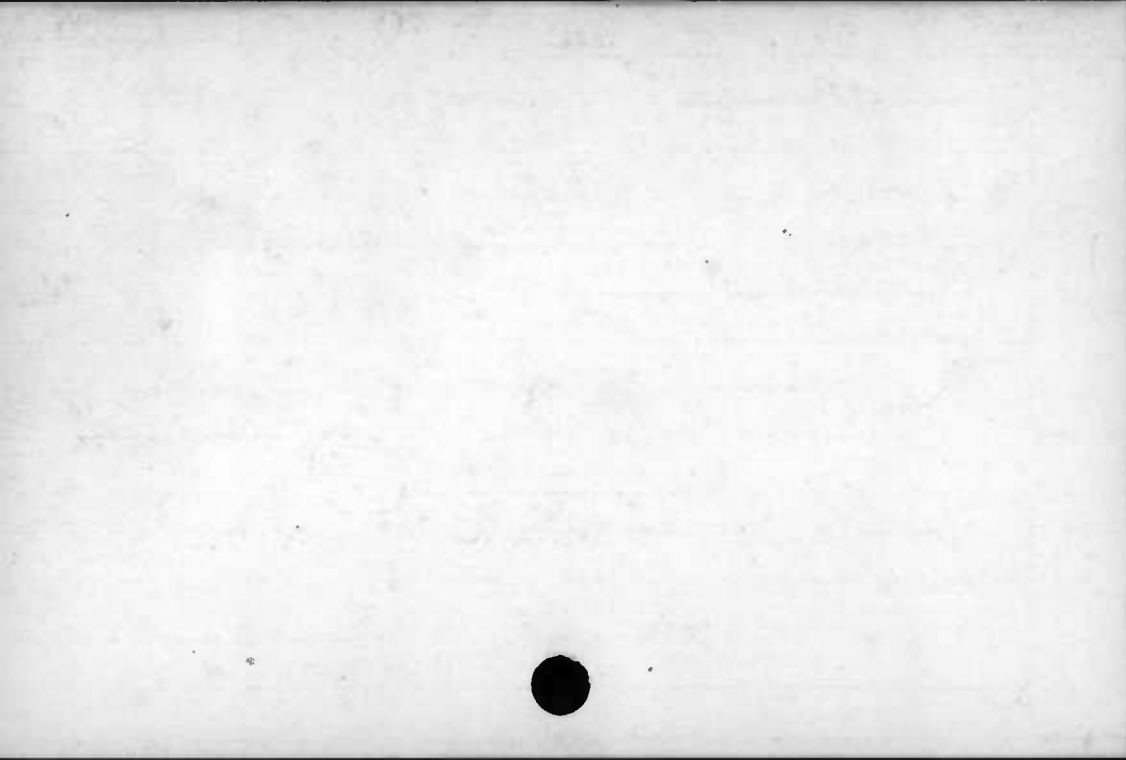
Died at <i>Wt Washington</i>			County <i>Balt</i>			MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days		
<i>1907</i>	<i>6</i>	<i>10</i>	<i>13</i>					
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>					
Occupation _____			Where Residing if not at place of death _____					
Married, Single or Widowed _____			Name of Wife or Husband _____					
Father's Name <i>Geo Palmer</i>			Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>Sarah Freelander</i>			Mother's Birthplace <i>Penn.</i>					
Name of person giving information <i>Geo. Palmer</i>			How related to deceased <i>Brother</i>					

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary <i>Typhoid - with Meningitis Bublar</i>	How long <i>2 weeks</i>
Immediate <i>Heart failure.</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Butler M.D.</i>
	Address <i>Wt Washington</i>
Accident or Suicide?	



Name
in
Full

Annie T. Peale

CERTIFICATE OF DEATH

Town

Catonsville

County

Baltimore

MARYLAND

Died at

Date

of death 1907

Month

June

Day

27

Age

Years

49

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

None

Where Residing if not
at place of death

Catonsville Md

Married, Single
or Widowed

widow

Name of Wife or
HusbandFather's
Name

John W. G. Smith

Father's
Birthplace

Md.

Mother's
Maiden Name

Catherine Taylor

Mother's
Birthplace

Md.

Name of person giving
In formation

Wm. Shanks

How related
to deceased

Son

CAUSES OF DEATH

Primary

acute mania

68

How long

one week

Immediate

Exhaustion from mania

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

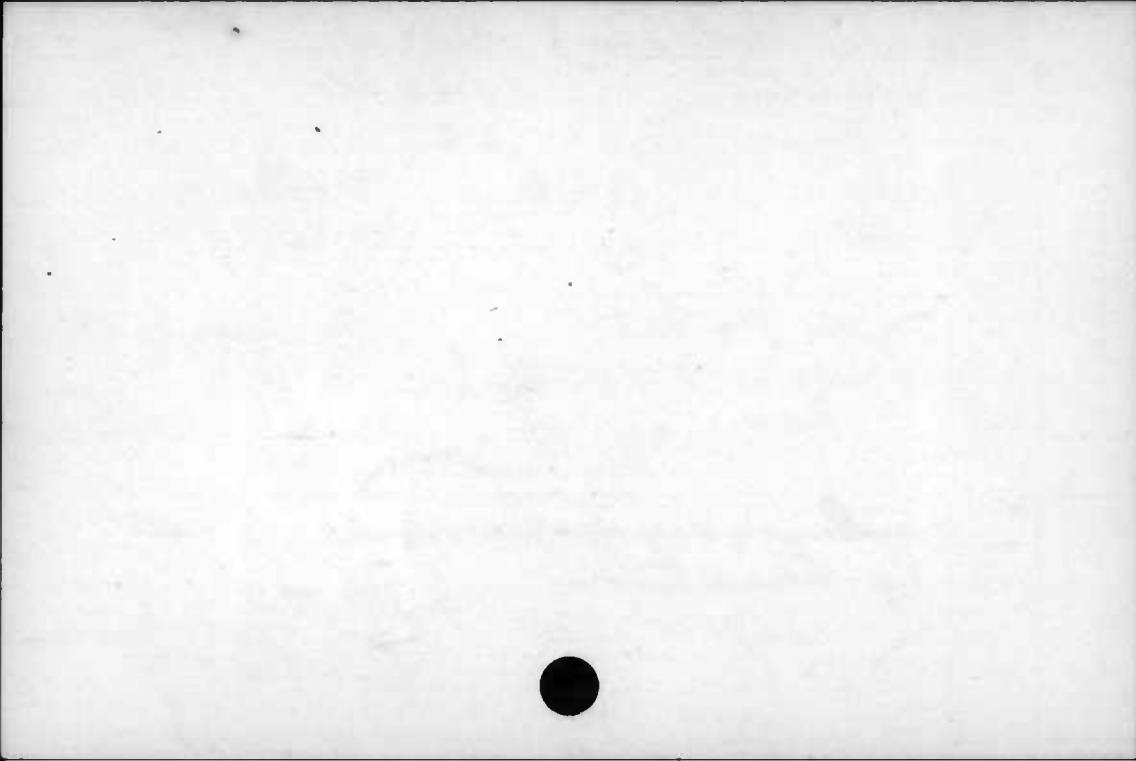
W. Rusher White

Address

Catonsville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Monkton* ^{town} *Balto.* ^{County}

MARYLAND

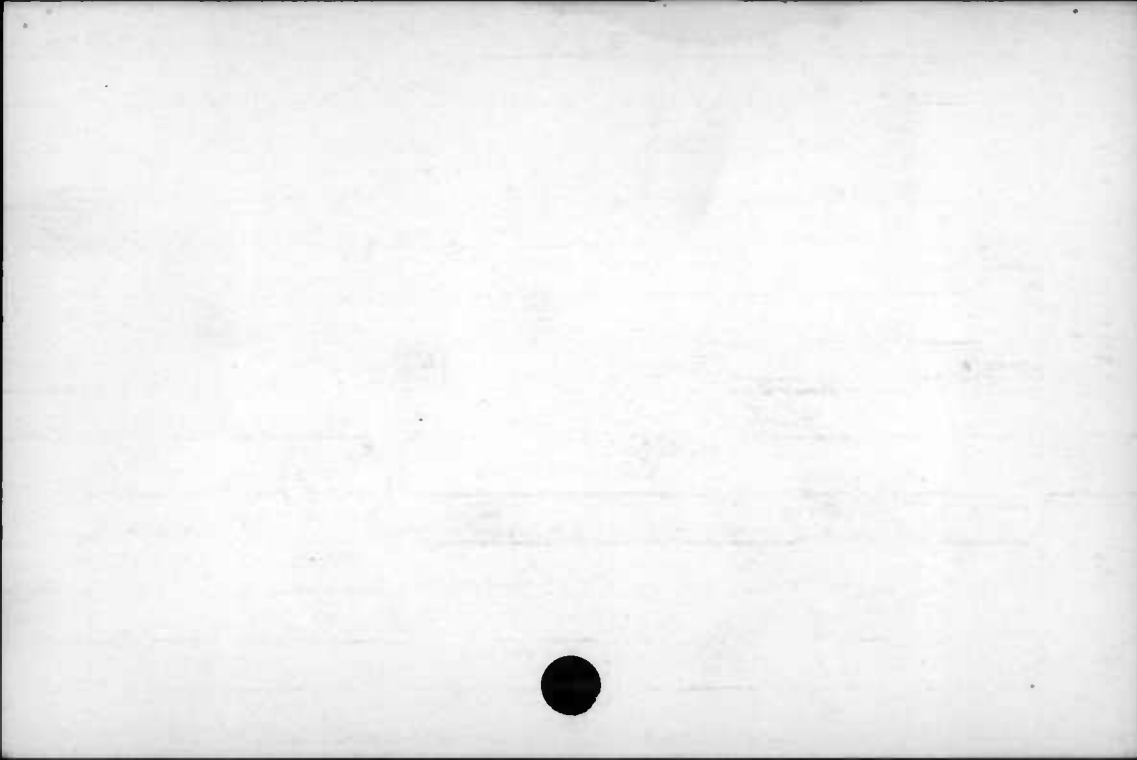
Date of death *1907* ^{Month} *June* ^{Day} *18* ^{Years} *26* ^{Months} ^{Days}Sex *male* Color or Race *white* Birth-place *Balto Co*Occupation *farmer* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John Perdue* Father's Birthplace *Balto W*Mother's Maiden Name *Annie Holmes* Mother's Birthplace *" "*Name of person giving information *Annie Holmes Perdue* How related to deceased *mother*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* *9 mos* How longImmediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. R. Payne*Address *Corbett*
Ind.

Accident or Suicide?



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Pierce</i>		Town <i>Dickysville</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1907</i>		Age <i>75</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Dickysville Md</i>					
Name of Deceased <i>Mary T Pierce</i>		Name of Wife or Husband <i>John Thomas Pierce</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>England</i>	
Father's Name <i>John Thomas Pierce</i>		Mother's Maiden Name <i>Unknown</i>		How related to deceased <i>Daughter-in-law</i>			
Name of person giving information <i>Mary T Pierce</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>		How long <i>1 year</i>	
Immediate <i>Cardiac Asthenia</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. C. Smith</i>	
		Address <i>Woodlawn St</i>	
Accident or Suicide? <i>—</i>		<i>Md.</i>	

Josh B Cook
Ridgeview
June 6 1907.

Name
in
Full

CERTIFICATE OF DEATH

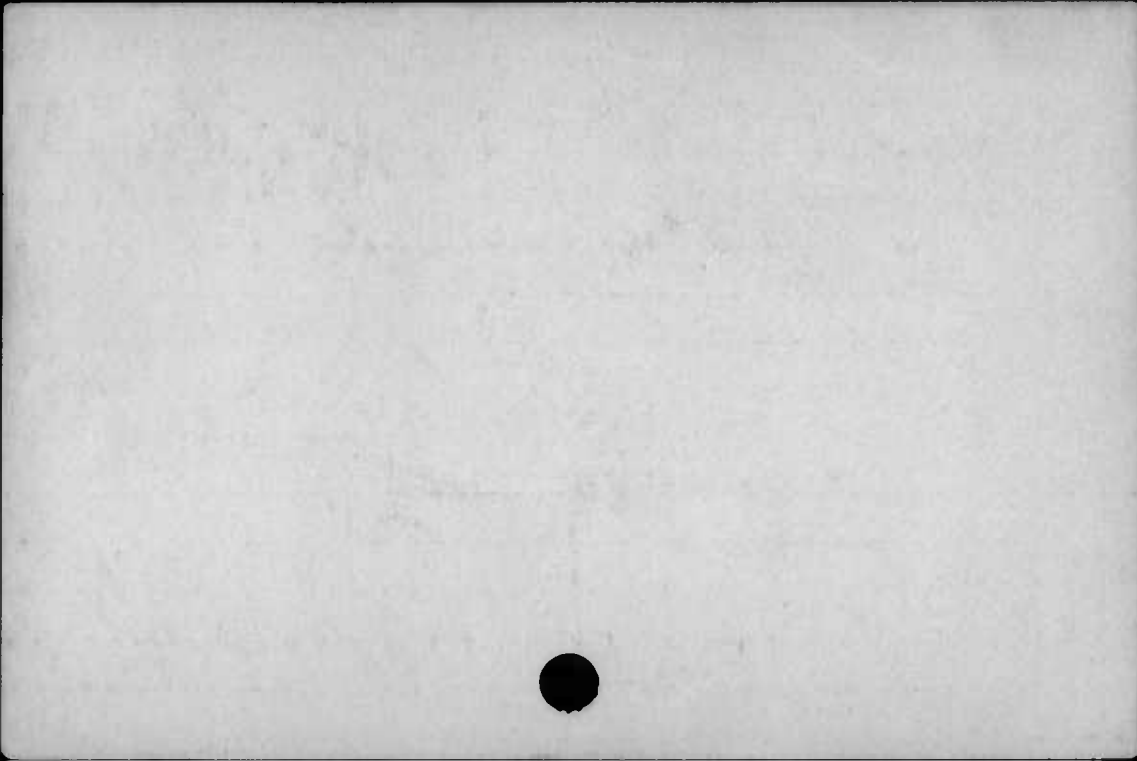
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Granville</i> Town		<i>Bathurst</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>24</i>	Years <i>59</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>(Granville) Bath Co. Md.</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Granville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mortimer J. Putney</i>				
Father's Name <i>Laura E. Putney</i>	Father's Birthplace <i>New Hampshire</i>				
Mother's Maiden Name <i>Lancey Lempsy</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Albert Manafuto</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>"Eosinophilic" glandular atrophy</i>	(34)	How long	<i>5 weeks</i>
	<i>Pernicious Anemia</i>		How long	<i>12 weeks</i>
Immediate	<i>Cardiac Asthma</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature Physician	Address	
<i>Yes</i>		<i>W. B. & Buppert</i>	<i>Roslyn Bath Co Md.</i>	
Accident or Suicide?				



Name
in
Full

Bridget Sweeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

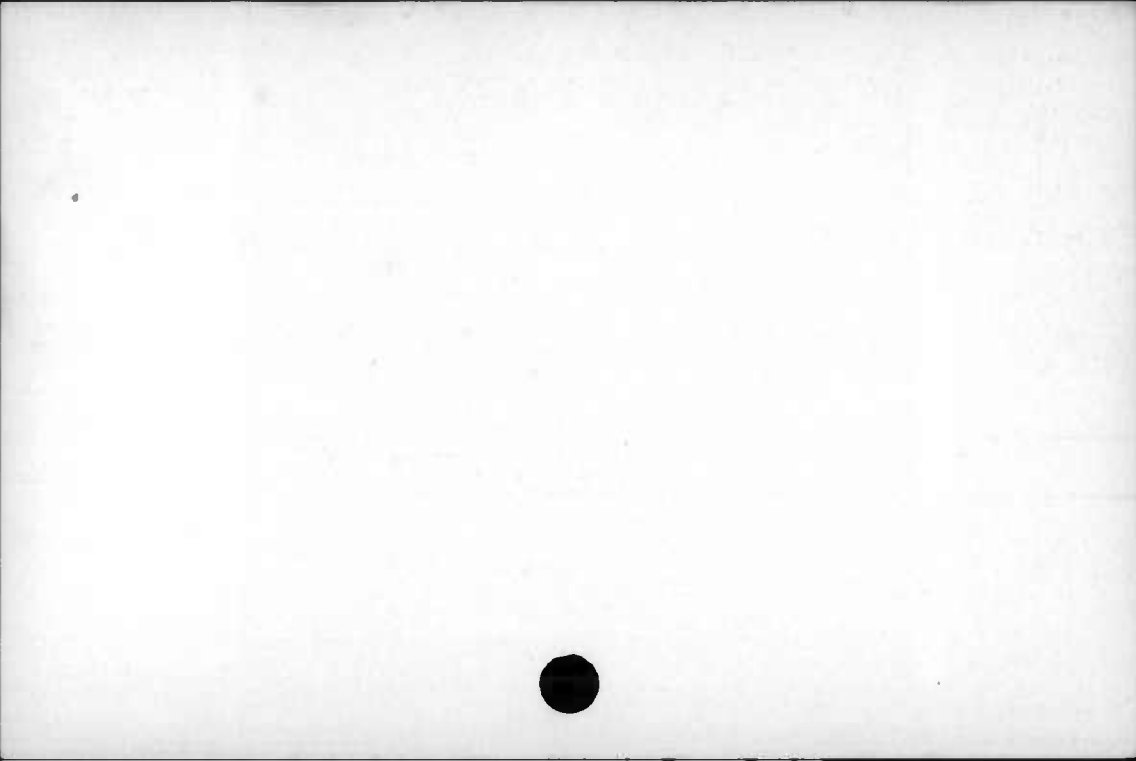
Died at <u>Mt Hope Retreat</u> <u>Balto</u> -		County		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>5th</u>	Years <u>66</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>unknown</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Reed Mt Hope</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <u>Mania Chronic</u>	How long <u>over 6 yrs</u>
Immediate <u>Ex - Paralysis - R. H.</u>	How long <u>abt 2 or 3 mos</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. rank J. Flannery</u>
	Address <u>Mt Hope Retreat</u> <u>Baltimore Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

Maryweeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gorans town Town Baltimore County

MARYLAND

Date of death 1907 Month June Day 5 Age 45 Years Months Days

Sex Female Color or Race White Birth-place Ireland

Occupation House wife Where Residing if not at place of death at Gorans town

Married, Single or Widowed Single Name of Wife or Husband Jas. Sweeney

Father's Name Jno Keir Father's Birthplace Ireland

Mother's Maiden Name Margt. Brannon Mother's Birthplace Ireland

Name of person giving information Jas. Sweeney How related to deceased Her son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tumor Liver (40) How long for 4 months

Immediate Exhaustion How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. H. Deaneau

Address Gorans town

Accident or Suicide?

St Mary's - Govanstown

June 8/07

H. C. Wiedefeld

Name

in
Full

Daniel Duceiney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ballo Co. Alushome</i>		Town <i>Ballo Co.</i>		County <i>Alushome</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>6</i>	Day <i>24</i>	Age <i>75</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation <i>Unknown</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Dr. T. B. Bussay</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Lesion</i>	How long	<i>64 he came here on May 27, 07</i>
Immediate	<i>Hemiplegia</i>	How long	<i>as described</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. T. B. Bussay</i>	
		Address <i>Texas Md</i>	
Accident or Suicide?			

St Marys Census Forms.

H. C. Hindefield.

Name
in
Full

Infant of Annie & Augustus Quinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>June</i>	Day <i>26th</i>	Age <i>Still birth</i>	Years <i>(7 mo.)</i>	Months	Days
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>220 Hawthorne Ave</i>			
Occupation <input checked="" type="checkbox"/>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name <i>Augustus Quinn</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Annie Rooney</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>C. Hampson Jones M.D.</i>		How related to deceased <input checked="" type="checkbox"/>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uncertain</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. Hampson Jones</i>
	Address <i>2529 St. Paul St.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

Undertaker, Henry W. Mears & Son

Place of Burial, Cathedral Cemetery, Baltimore, Md.

Name
in
Full

Elizabeth Rampley

CERTIFICATE OF DEATH

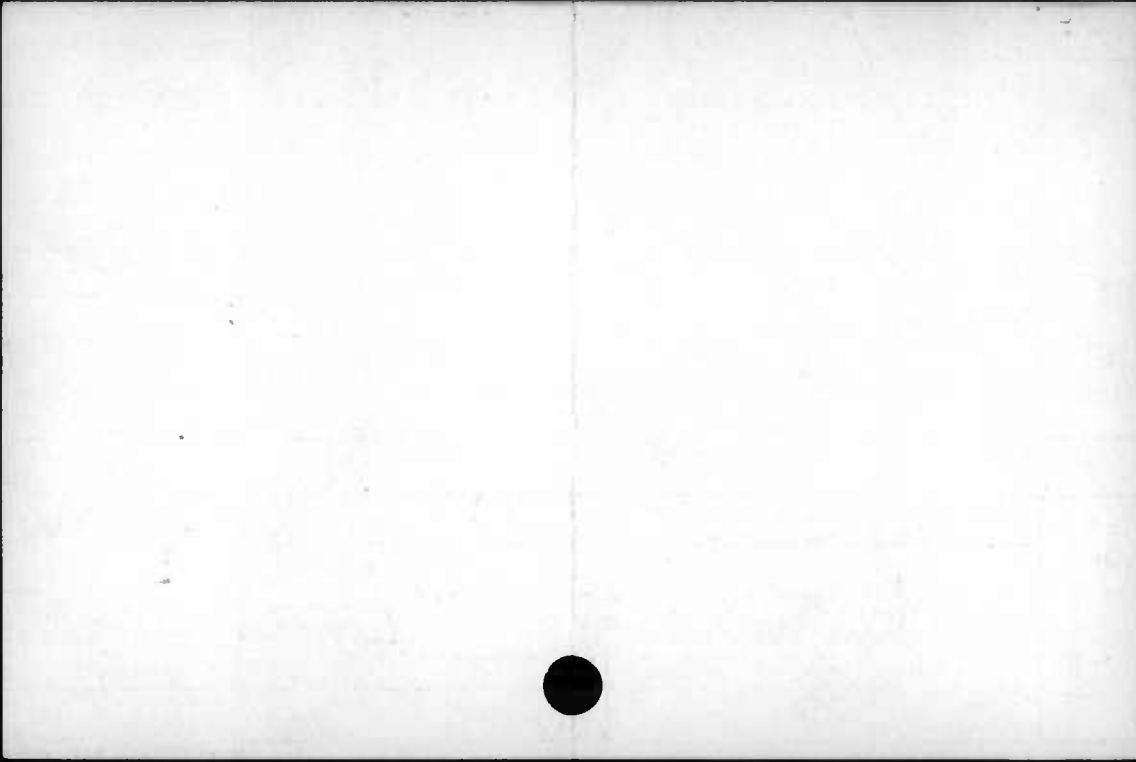
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Long Green</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>6</i>	Age <i>81</i>	Months <i>1</i> Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co. Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>None</i>		
Married, Single or Widowed <i>Widow</i>		Name of Woman ^{Husband} <i>Wm. Rampley (deceased)</i>			
Father's Name <i>Shadrack Street</i>		Father's Birthplace <i>Harford Co. Md.</i>			
Mother's Maiden Name <i>B. Watkins</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Charles Rampley</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 weeks</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>John S. Giddow</i>
	Address <i>Esittinge</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

William C Read

CERTIFICATE OF DEATH

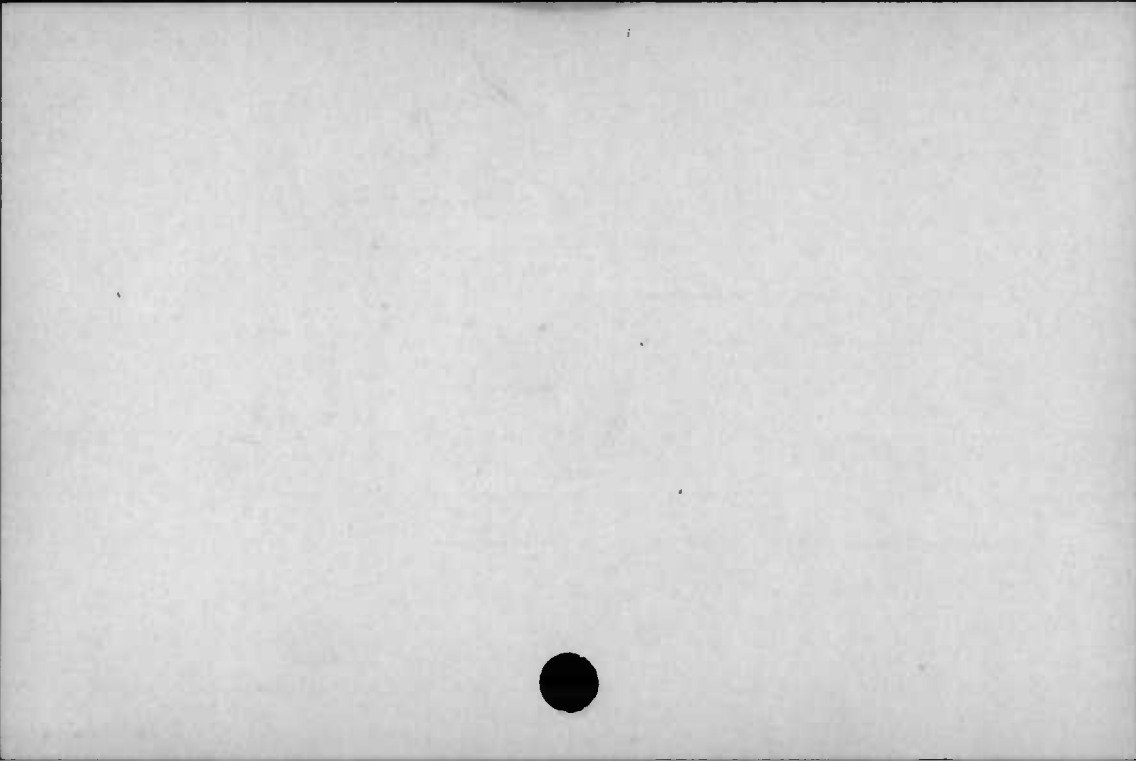
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Belgravaria</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>6</u>	Day <u>3</u>	Age <u>—</u> Years	Months <u>2</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>Belgravaria Balt Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>William L. Read</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Louisa Morris</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>William C Read</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	How long <u>2-3 weeks</u>
Immediate <u>Pulmonary Congestion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. L. Wilkinson M.D.</u>
	Address <u>Raspelburg</u>
Accident or Suicide? <u>—</u>	



Name
In
Full

Still Born M. L. Redmond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Balto</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>June</i> ^{Day}	<i>26</i> ^{Age}	Years	Months Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto County</i>
Occupation	Where Residing if not at place of death			<i>401 S. Bolden St</i>	
Married, Single or Widowed	Name of Wife or Husband <i>(S)</i>				
Father's Name	<i>Maxwell H Redmond</i>			Father's Birthplace	<i>Balto City</i>
Mother's Maiden Name	<i>Louise H Schneider</i>			Mother's Birthplace	<i>11 St</i>
Name of person giving information	<i>Maxwell H Redmond</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	
Immediate	<i>Still Birth</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Mary I Swaine</i>
		Address	<i>824 Canton St. Balto City</i>
Accident or Suicide?			

Mt Carmel Conn

1880

Name
in
Full

Christian Reinhardt

CERTIFICATE OF DEATH

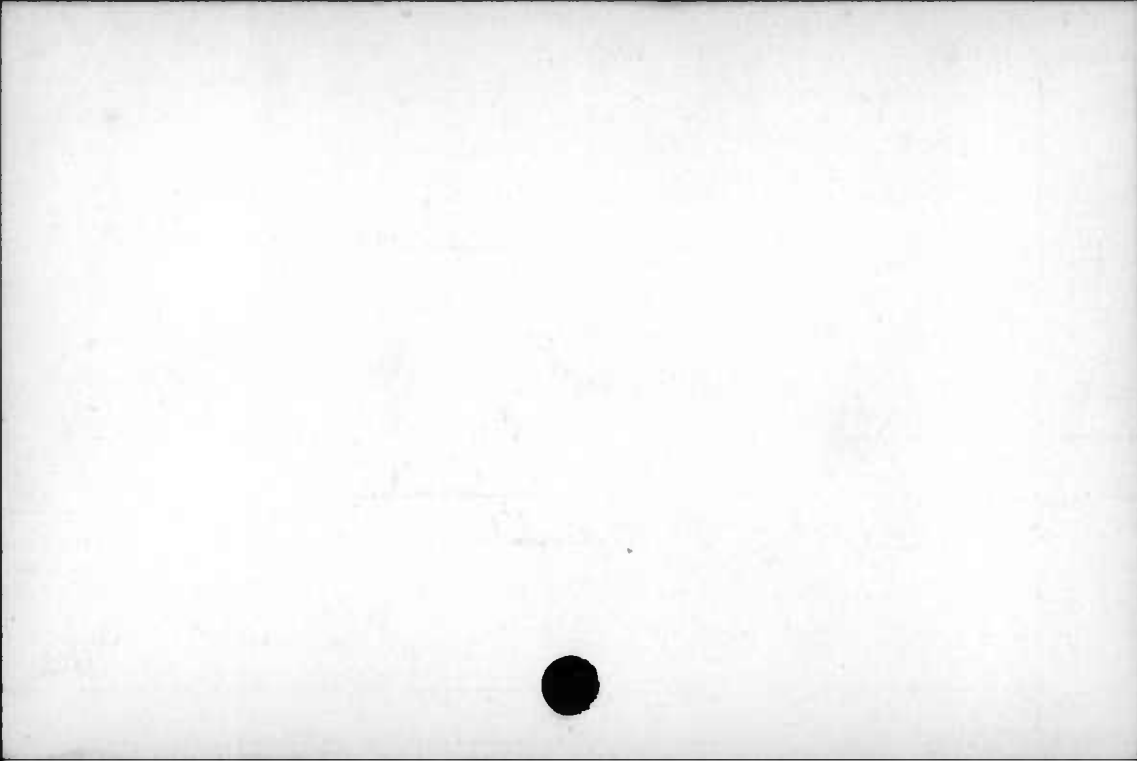
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>June</i>	Day <i>23</i>	Age <i>38</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death <i>116 P Poppleton St.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unobtainable</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unobtainable</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Christian Reinhardt.</i>		How related to deceased <i>(the deceased)</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>22 days.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Hazy</i>	
		Address <i>St. Agnes Hospital.</i>	
Accident or Suicide?			



Name in Full		William F. Rettkowski				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Canton</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
		Date of death <u>1907</u> <small>Month</small> <u>June</u> <small>Day</small> <u>18</u>		Age <u>4</u> <small>Years</small>		<u>—</u> <small>Months</small> <u>27</u> <small>Days</small>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ma.</u>	
		Occupation <u>—</u>		Where Residing <u>at</u> <u>1003 Bouldin St.</u> at place of death			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
		Father's Name <u>William Rettkowski</u>		Father's Birthplace <u>Germany</u>			
		Mother's Maiden Name <u>Nora B. Murphy</u>		Mother's Birthplace <u>Ma.</u>			
Name of person giving Information <u>William Rettkowski</u>		How related to deceased <u>Father</u>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(193)</div>							
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>		How long <u>2 weeks</u>			
		Immediate <u>Exhaustion</u>		How long <u>2 weeks</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. Melvin</u>		Address <u>1303 W North Ave</u>	
				Address <u>1303 W North Ave</u>			
		Accident or Suicide? <u>—</u>					

Schwartz Bern.

June 20 - 1907

Zirkler + Zirkler
1739 Eager St.

Name
in
Full

Annie Riely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Int Washington*

Town

Balt.

County

Date
of death *1907*Month
*6*Day
17

Age

Years
*64*Months
*4*Days
*29*Sex *Female*Color or
Race*White*Birth-
place*Ireland*

Occupation

*dressmaker*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Alexander Riely*Father's
Birthplace*Ireland*Mother's
Maiden Name.*Elizabeth Maguire*Mother's
Birthplace*Ireland*Name of person giving
In formation*Sarah Hyland*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

*Chronic Brights**120*

How long

3 yrs

Immediate

Ephemeris

How long

*48 hrs*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*C. H. Burtin*

Address

Int Washington

Accident or Suicide?

Morace Purge
3631 Falls Rk

St. Marys
Govan.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	1907	Month	June	Day	10
Age	38	Years	9	Months	11
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Labour		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Adam Schmidt		Father's Birthplace		
Mother's Maiden Name	Margaret Metzger		Mother's Birthplace		
Name of person giving information	Margaret Schmidt		How related to deceased		
			mother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>6 months</i>
Immediate	<i>Hæmorrhage</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. J. McAvoy</i>
		Address	<i>839 S. E. Canton St. Baltimore</i>
Accident or Suicide?			

Wm. M. & Co. & Co.,

1st Evangelical Church
H. Sander & Sons

Name
in
Full

Charles Schroeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

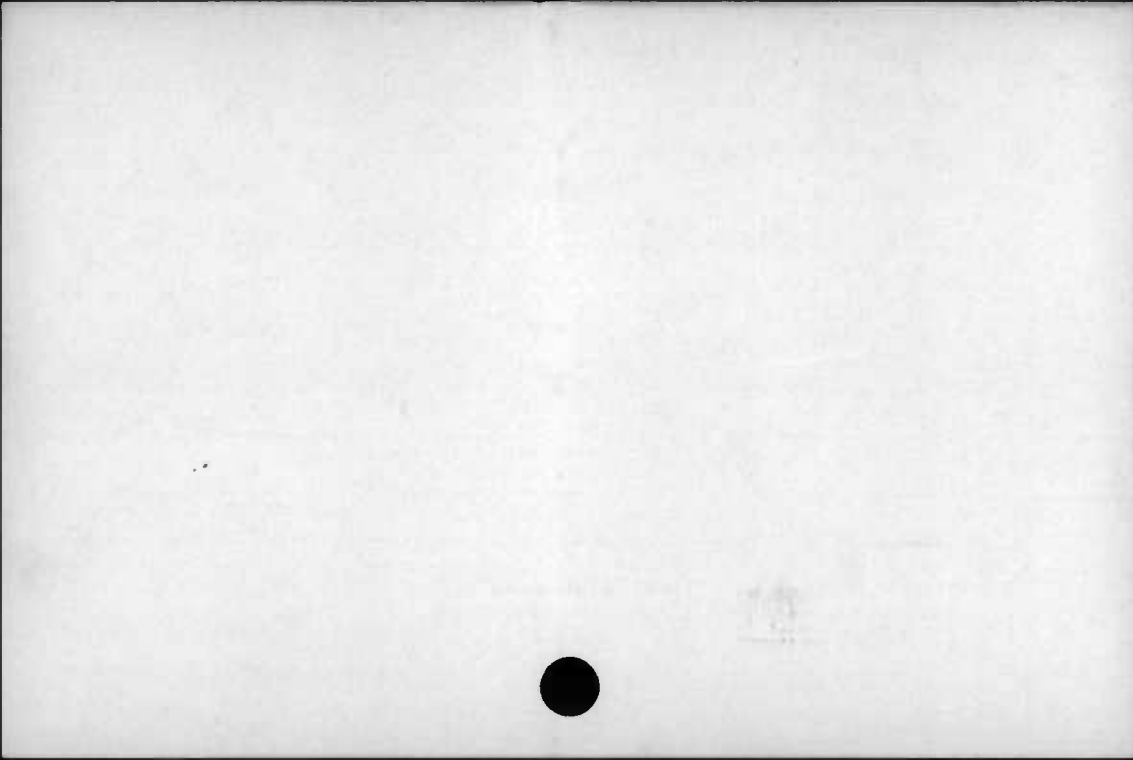
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		June	11	Age 30			
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	R. R. Brakeman			Where Residing if not at place of death	Hyblentown Balto		
Married, Single or Widowed	Married		Name of Wife or Husband	Unknown			
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	Jas Blair			How related to deceased	None		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	How long
Run over by engine (accident)	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Jas Blair J. P.
	Address
	Harrows Point
	Md.
Accident or Suicide	Accident



Name
in
Full

Walter Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grownstown</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>June</u> ^{Day} <u>2</u>		Age <u>76</u> ^{Years}		<u>2</u> ^{Months}	<u>11</u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Pennsylvania</u>			
Occupation <u>Rail Road Contractor</u>	Where Residing if not at place of death <u>Woodbourne</u>				
Married <u>Widower</u>	Name of Wife or Husband <u>Mary Pastor Scott</u>				
Father's Name <u>George Scott</u>	Father's Birthplace <u>Penn^a</u>				
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>Towanda Pa</u>				
Name of person giving information <u>Mrs Geo Stewart</u>		How related to deceased <u>Woodbourne</u>			

CAUSES OF DEATH

Primary <u>Ac. Pneumonia</u>	(47)	How long <u>one week</u>
Immediate <u>Cardiac failure</u>		How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Wayland Armes, M.D.</u>	Address <u>Groans, Md.</u>
Accident or Suicide? <u>—</u>		

Interment at Prospect Hill Cemetery
Lowson Md

Stewart & Mowen Co Undertakers

215 & 217 Park Ave

Baltimore Md.

Name

in
Full

Emma M. Shorb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Avalon Inn</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1907	Month <i>June</i>	Day <i>29</i>	Age <i>50</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore Md.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Edward V. Shorb</i>					
Father's Name <i>Charles C. Herman</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Sophie Vollmer</i>			Mother's Birthplace <i>Hannover Germany</i>		
Name of person giving information <i>Edward V. Shorb</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mixed Heart disease</i>	79	How long <i>1 1/2 years</i>
Immediate <i>Asthma, pleurisy</i>		How long <i>years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Julius Friedman MD</i>	
	Address <i>7 W. Franklin St</i>	
Accident or Suicide?		

Place of Burial

Stewart & Mower Co.

Undertakers

215 Park ave

Baltimore Md.

Name
in
Full

CERTIFICATE OF DEATH

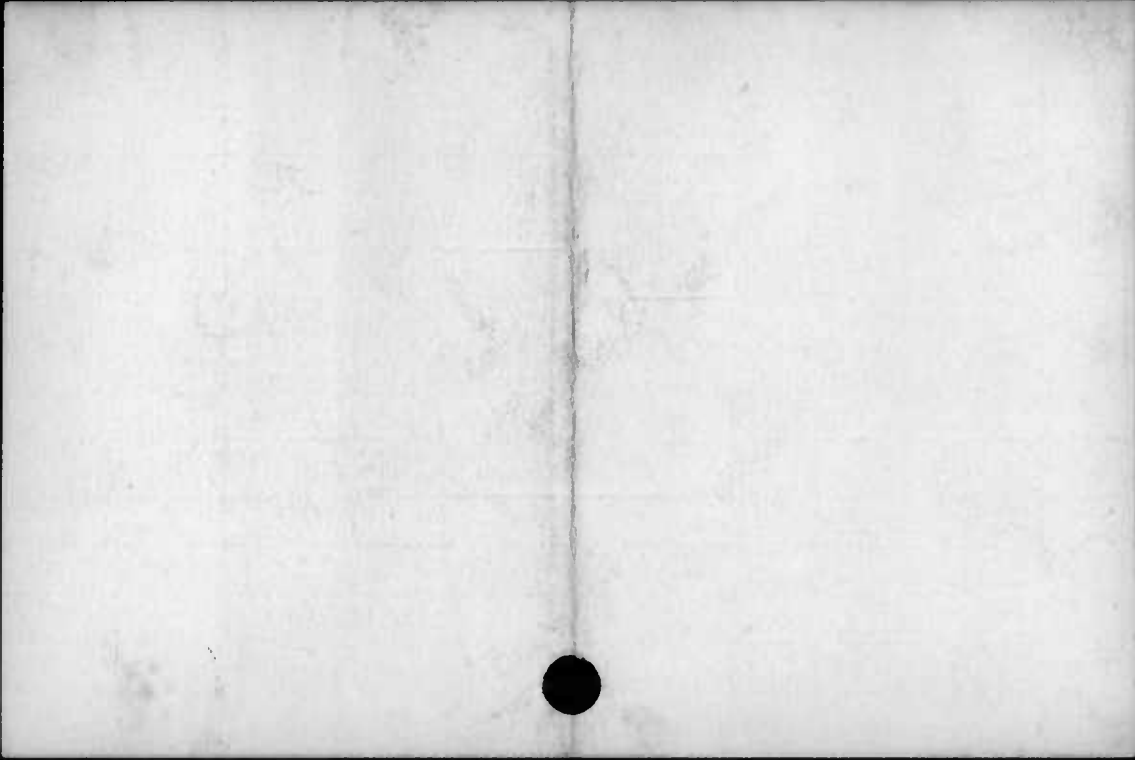
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Jane Simms</i>		Town <i>Dumfries Mills</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Dumfries Mills</i>		Month <i>June</i>		Day <i>1</i>		Years <i>1</i>	
Date of death <i>1907</i>		Age <i>1</i>		Months <i>6</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Dumfries Mills</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Bernard Simms</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Mary Jane Cook</i>		Mother's Birthplace <i>Dumfries Mills</i>					
Name of person giving information <i>Mary Jane Cook</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Lobar Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm G Burpitt</i>	
		Address <i>Residence Baltimore</i>	
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>17</i>	Age <i>69</i> Years <i>9</i> Months <i>6</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Darlington Maryland</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>		
Father's Name <i>Morris Smith</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Annie M Smith</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Wm Smith</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

164

Primary <i>Apparently hit by train</i>	How long <i>unknown</i>
Immediate <i>Fracture skull</i>	How long <i>apparently immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. A. Drummigan</i>
	Address <i>203. Tonne St.</i>
Accident or Suicide <i>Unknown</i>	<i>Coroner</i>

PHYSICIAN
CORONER
P. A. Drummigan

Crowley Bros
Undertakers
25 N. Fulton Ave
Place of Burial
Western Cemetery

Name
in
Full

Maggie Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death		190	Month 7	Day 28	Age 56	Years	Months Days
Sex Female		Color or Race White		Birth- place Balt.			
Occupation None		Where Residing if not at place of death		414 N. Clinton St.			
Married, Single or Widowed Widow		Name of Wife or Husband Archibald Stewart					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving In formation Maggie Stewart		How related to deceased Daughter in Law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	1 1/2 days
Immediate	Cardiac failure	How long	1/2 day.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. J. A. Gandy	
		Address	
		41 Eastern Ave. E.	
Accident or Suicide?			

Mt. Carmel Conn.

Henry Jan

6/29/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Child of Geo. C. Stump

Died at *Alberton* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death 190 *June* ^{Month} *2* ^{Day} *still* ^{Age} *Birth* ^{Years} *Months* *Days*

Sex *Male* Color or Race *White* Birth-place *Md*

Married, Single or Widowed *Single* Occupation *Physician*

Name of Wife or Husband *George Stump* **(S)**

Father's Name *George Stump* Father's Birthplace *Ta*

Mother's Maiden Name *Cora Bowers* Mother's Birthplace *Md*

Name of person giving information *F. L. Miller M.D.* How related to deceased *Physician*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* **(S)** How long *—*

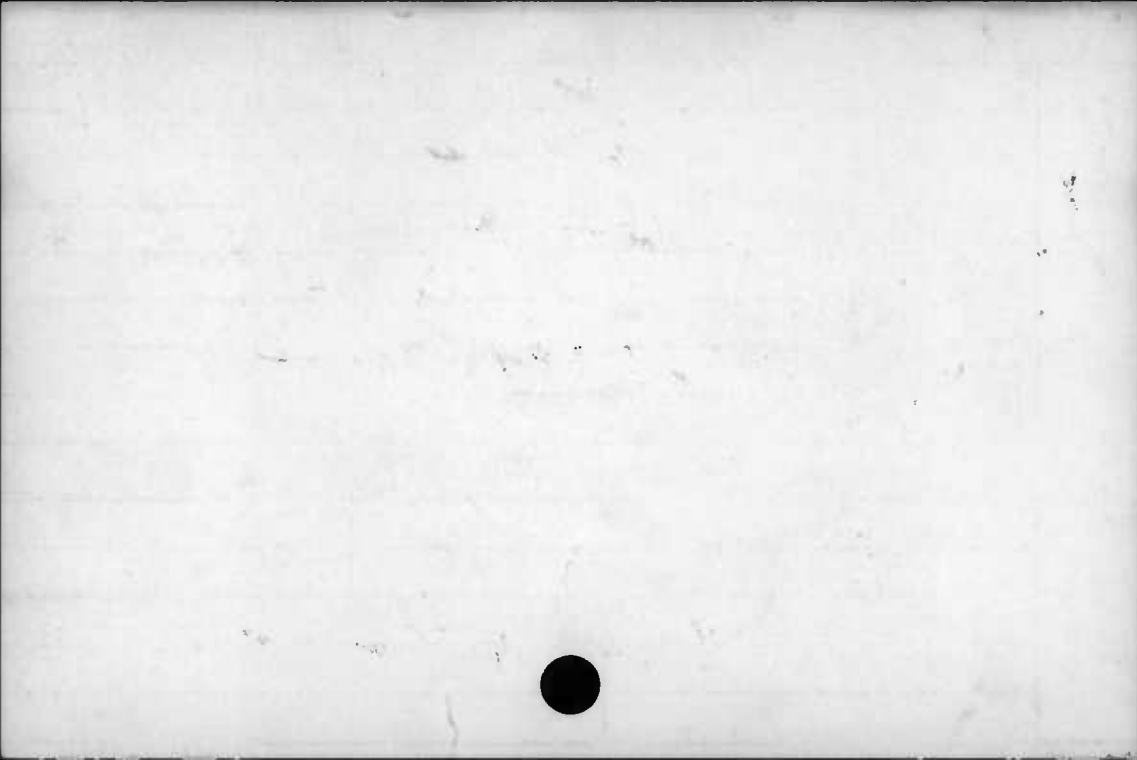
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. L. Miller M.D.*

Address *Alberton Md*

Accident or Suicide? *—*



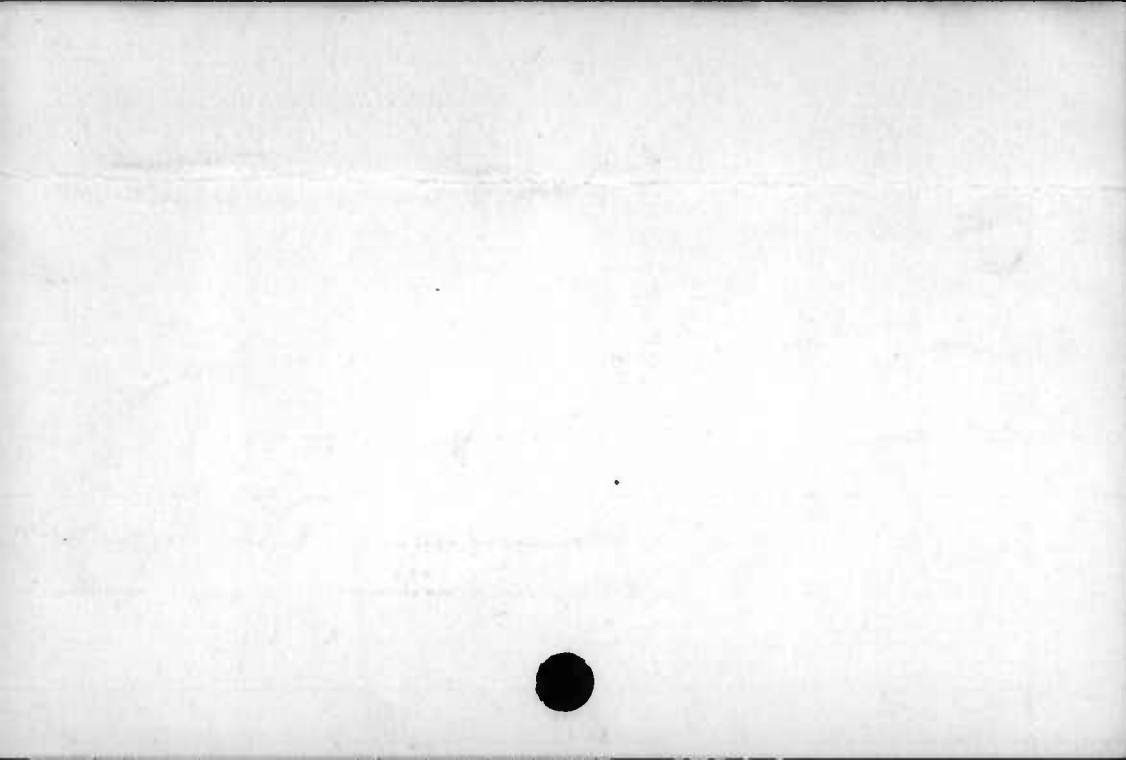
Name
In
Full

CERTIFICATE OF DEATH

Name In Full		alfred Taylor				Town		County		BALTO. CO. ANNE ARUNDEL		MARYLAND			
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1907		6		13		55									
Sex		Male		Color or Race		Colored		Birth- place		Unknown					
Occupation		Unknown		Where Residing if not at place of death		Unknown									
Married, Single or Widowed		Unknown		Name of Wife or Husband		Unknown									
Father's Name		Unknown		Father's Birthplace		Unknown									
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown									
Name of person giving In formation		Dr. F. B. Bussey		How related to deceased											

CAUSES OF DEATH

Primary		Pulmonary Tuberculosis		Action with it	
Immediate		(27)		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		came to Insti-	
		Address		How long	
		Dr. F. B. Bussey			
		Fusco			
		Md			
Accident or Suicide?					



Name
in
Full

Edith C. Taylor

CERTIFICATE OF DEATH

Died at *Near Berney* Town*Baltimore* County

MARYLAND

Date
of death *1907*Month *6*Day *26*

Age

Years *30*Months *7*Days *13*

Sex

*Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Housekeeper*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*John W. Taylor*Father's
Name*John Wilson*Father's
Birthplace*Ind*Mother's
Maiden Name*Delila Downers*Mother's
Birthplace*Ind*Name of person giving
information*John W. Taylor*How related
to deceased*Husband*

CAUSES OF DEATH

79

Primary

*Dropsy of Cardiac**2 months*

Immediate

*Heart failure*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*B. B. Harris*

Address

Parkton

Accident or Suicide?

*Ind*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

30 years
11 Nov. 6

Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Richard W. & Mary A. Thompson

Died at Highlandtown

Town

Baltimore

County

MARYLAND

Date
of death 1907

Month June

Day 22

Age

Years Still

Months Birth

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Iron

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Richard W. Thompson

Father's
Birthplace

N.Y.

Mother's
Maiden Name

Mary A. Holan

Mother's
Birthplace

Md.

Name of person giving
Information

Richard W. Thompson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Birth

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

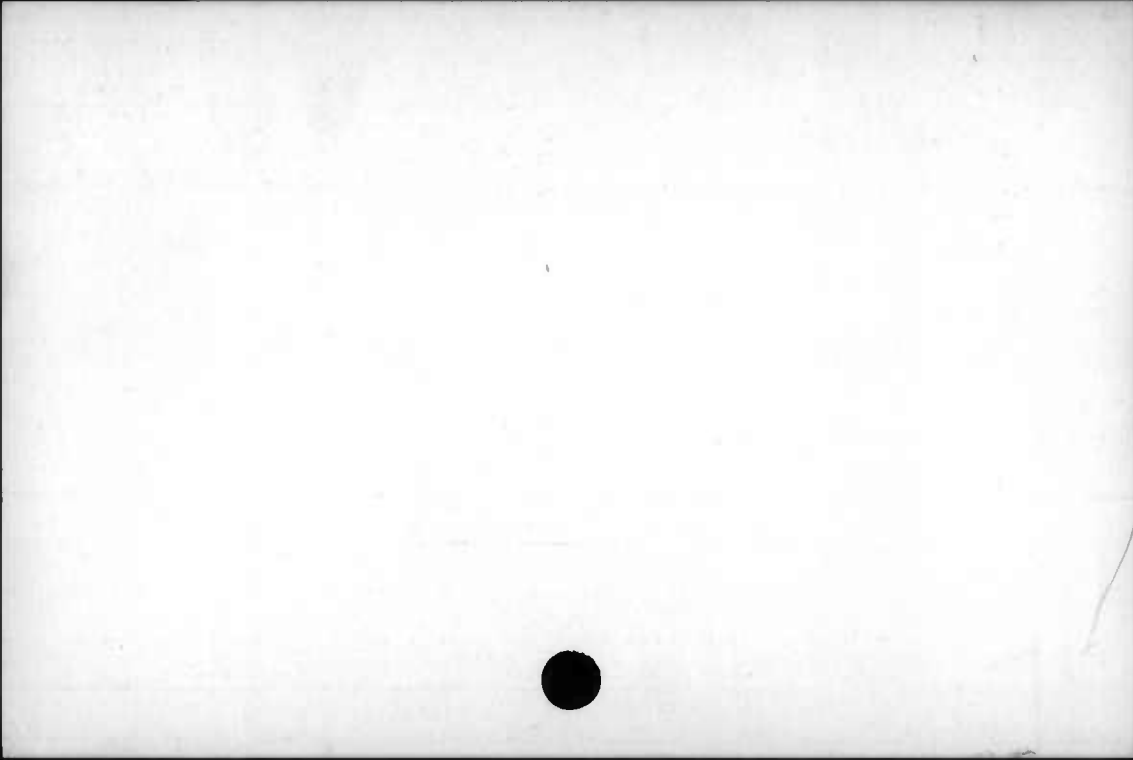
E. A. Corbin M.D.

Address

Bayview Hospital

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William H. Thompson

CERTIFICATE OF DEATH

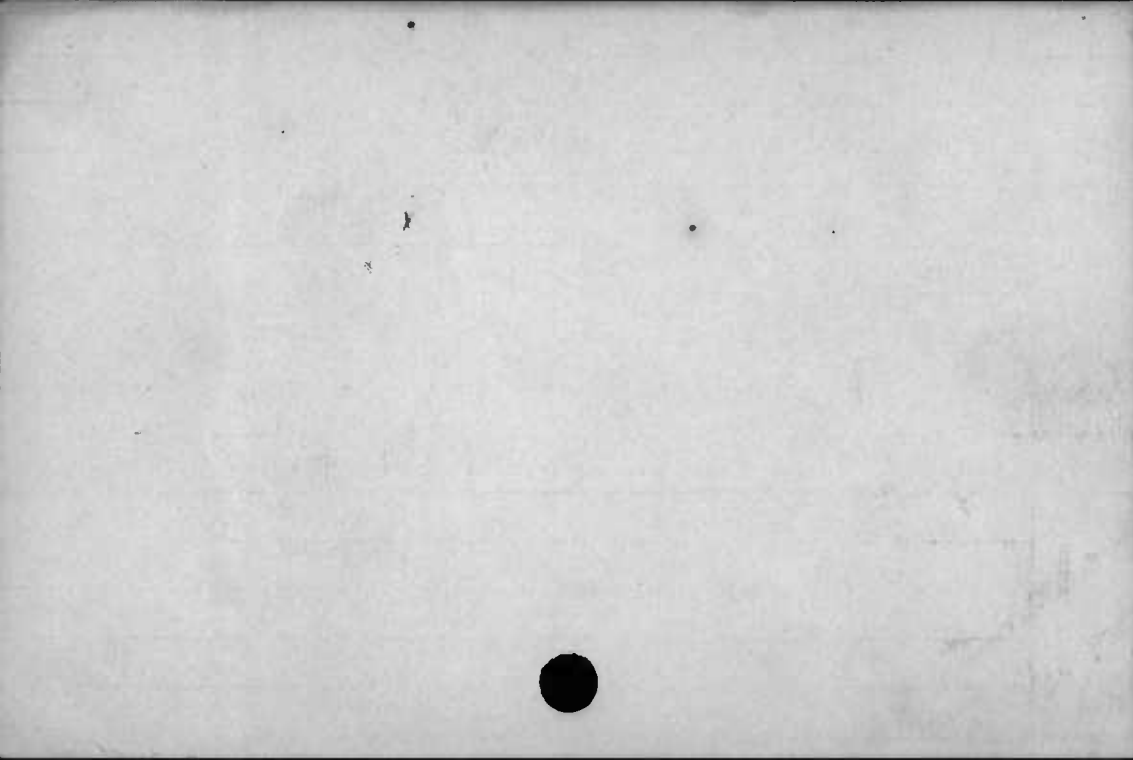
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middle River</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND			
Date of death	<i>190</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>15th</i> <small>Day</small>	<i>66</i> <small>Age</small>	<i>66</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Maryland</i>		
Occupation	<i>Labourer</i>		Where Residing if not at place of death			<i>Middle River</i>	
Married, Single or Widowed	<i>Widower</i>		Name or Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	<i>Charles H. Ford</i>				How related to deceased		<i>Brother in law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemorrhage</i>	How long	<i>83</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>James Selmon J.P.</i> <i>Rossie, Md</i>	
Accident or Suicide?			



Name
in
Full

Lucinda Cassell Van Meter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>19</i>	Age <i>66</i>	Months <i>3</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll County, Ind.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John B. Van Meter</i>				
Father's Name <i>David Cassell</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Elizabeth Rupp</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>John B. Van Meter</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	(90)	How long <i>20 yrs</i>
Immediate <i>Central Effusion</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>js</i>		Signature of Physician <i>J. B. Arnold</i>
		Address <i>2112 N. Charles St.</i>
Accident or Suicide?		

Dr. James S. Barnard

2112 h. chas between 21 & 22?

H. W. Jenkins & Sons. Co.

Funeral Directors

Place of Burial

Green Mount

Friday June 21st / 07

Balto Md

Name
in
Full

Mary F. Volz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> <u>Balto</u> County		MARYLAND					
Date of death	1907	Month 6	Day 22	Age 71	Years	Months 9	Days 8
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	None	Where Residing if not at place of death		1101 - 3 rd St.			
Married, Single or Widowed	Widow	Name of Wife or Husband		John M. Volz			
Father's Name	John Roth	Father's Birthplace		Germany			
Mother's Maiden Name	Not known	Mother's Birthplace		Not known			
Name of person giving information	Mrs Chris. Schneider	How related to deceased		Daughter			

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Cerebral Spasmodic Exhaustion	How long	2 mo
Immediate	Exhaustion	How long	2 da
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Fred Carleton	
Address		2229 E. Duane St Baltimore Md	
Accident or Suicide?			

Mt. Carmel Cemetery
Hennig & Son
6/25/07

Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1907	Month	June	Day	19
Age	2	Years		Months	6
Sex	Female	Color or Race	White	Birth place	Tenn.
Occupation	Teacher		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Geo. Elmer Stalker		Father's Birthplace		
Mother's Maiden Name	Lavinia C. Sauerwald		Mother's Birthplace		
Name of person giving information	Geo Stalker		How related to deceased		
Father					

CAUSES OF DEATH

Primary	Scald	How long	17 hrs.
Immediate	Shock	How long	

Are the Name, age, sex, color, date and place correctly given above?

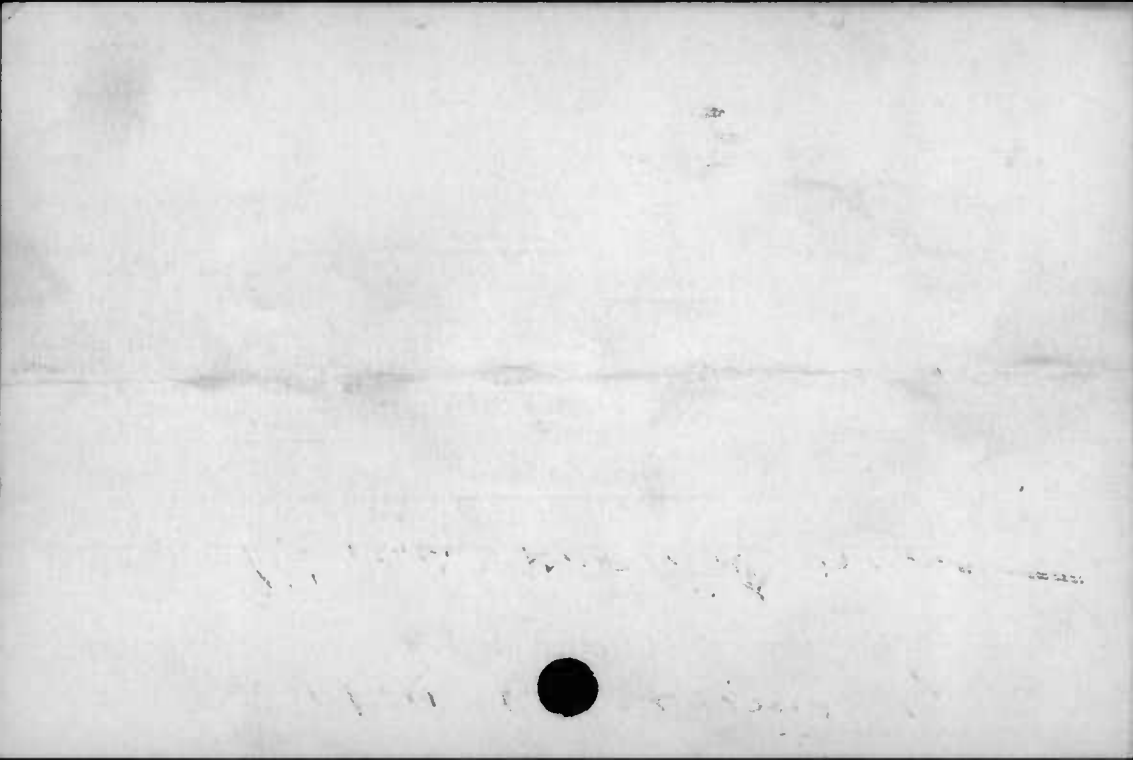
Yes

Signature of Physician

Address

Geo L. Yagle.
New Freedom, Pa.

Accident or Suicide?



Name
in
Full

Nether M Watts

CERTIFICATE OF DEATH

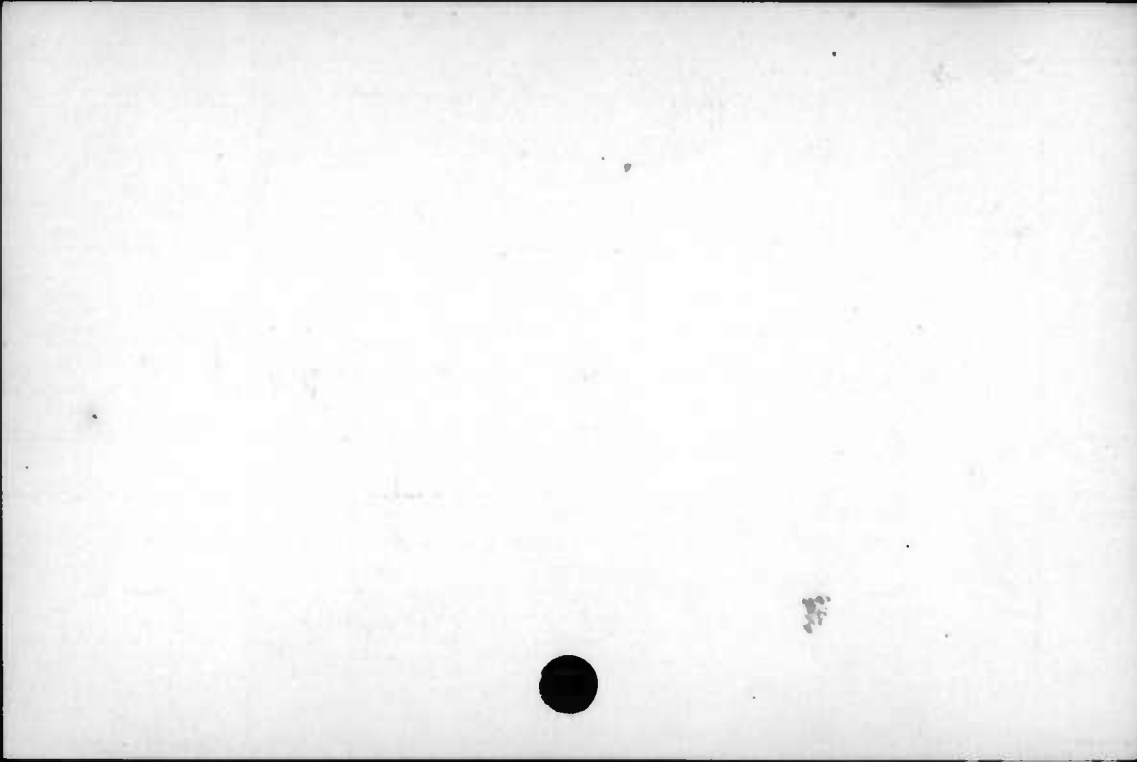
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>4</i>	Age <i>39</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Woodlawn, Balto Co.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>309 W. Calhoun St.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Massaway</i>	<i>Watts</i>			Father's Birthplace <i>U.S.</i>	
Mother's Maiden Name <i>Eleanor</i>	<i>Carter</i>			Mother's Birthplace <i>U.S.</i>	
Name of person giving information <i>Miss Watts</i>				How related to deceased <i>Sister</i>	

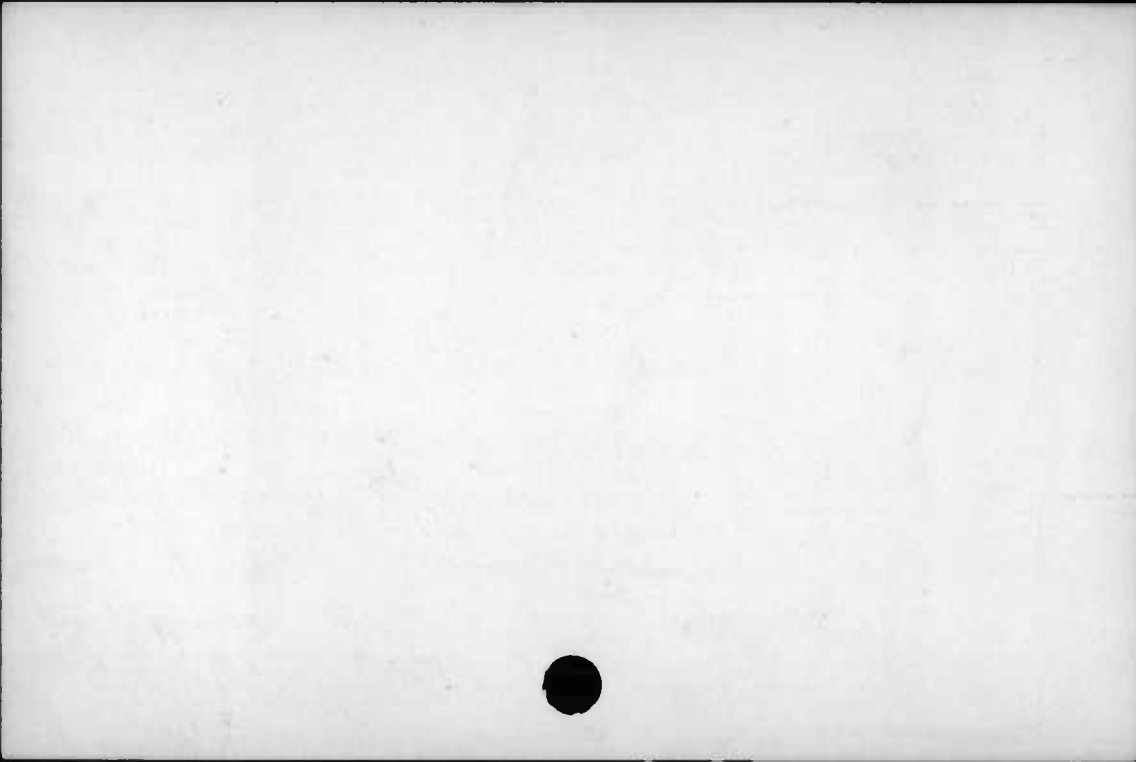
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Embolus</i>	How long <i>82</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Shaw</i>
	Address <i>St Agnes Hospital</i>
Accident or Suicide?	



Name in Full		James Le Roy Walton				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Burrmill	County Baltimore		MARYLAND		
	Date of death	1907	Month June	Day 26	Age —	Years —	Months 2	
	Sex Male		Color or Race Colored		Birth-place Maryland			
	Occupation none			Where Residing if not at place of death —				
	Married, Single or Widowed single		Name of Wife or Husband —					
	Father's Name unknown				Father's Birthplace unknown			
	Mother's Maiden Name Ida Walton				Mother's Birthplace md			
Name of person giving information Ida Walton				How related to deceased mother				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Symptomatic		(71)	How long four hours		
	Immediate		Eclampsia			How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician William D. Stirling				
				Address Shane md				
Accident or Suicide?								



Name

in
Full

CERTIFICATE OF DEATH

John Weidinger

Town

County

MARYLAND

Died at Highlandtown

Balto Co.

Date of death 1907 June

Month

Day

Age

Years

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Germany

Occupation

Cooper

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
HusbandFather's
Name

John Weidinger

Father's
Birthplace

Germany

Mother's
Maiden NameMother's
Birthplace

Germany

Name of person giving
In formation

George Weidinger

How related
to deceased

Son

CAUSES OF DEATH

(108)

Primary

Intestinal Obstruction.

How long

2 days

Immediate

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes,

Signature of
Physician

A. E. McClanahan M.D.

Address

618 S. Clinton St.,

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Baltimore Cemetery

June 18 th 1907

Germanus Thamer

Underlatter

Name
in
Full

Kettie E. Weitzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Point</i> ^{Town}		<i>Balto. Co.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>June</i>	Day	<i>15th</i>
				Years	<i>41</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Birth-place	<i>Balto Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>William J. Weitzel</i>	
Father's Name	<i>Benjamin T. Hartzell</i>		Father's Birthplace	<i>U. S.</i>	
Mother's Maiden Name	<i>Harriet A. Matthews</i>		Mother's Birthplace	<i>U. S.</i>	
Name of person giving information	<i>William J. Weitzel</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Pleuritis</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. A. Geantz</i>
		Address	<i>41 Eastern Ave & E. St.</i>
Accident or Suicide?			

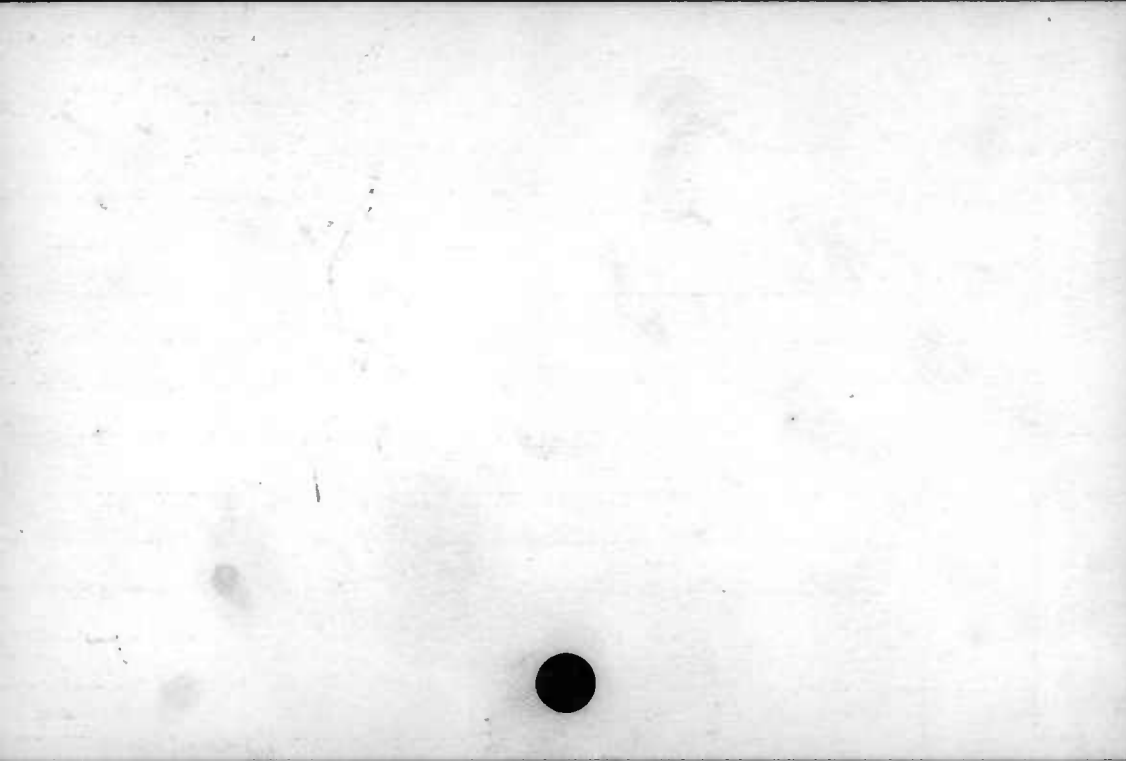
Oak Lawn Cemetery

June 18th 1907

Germanus France

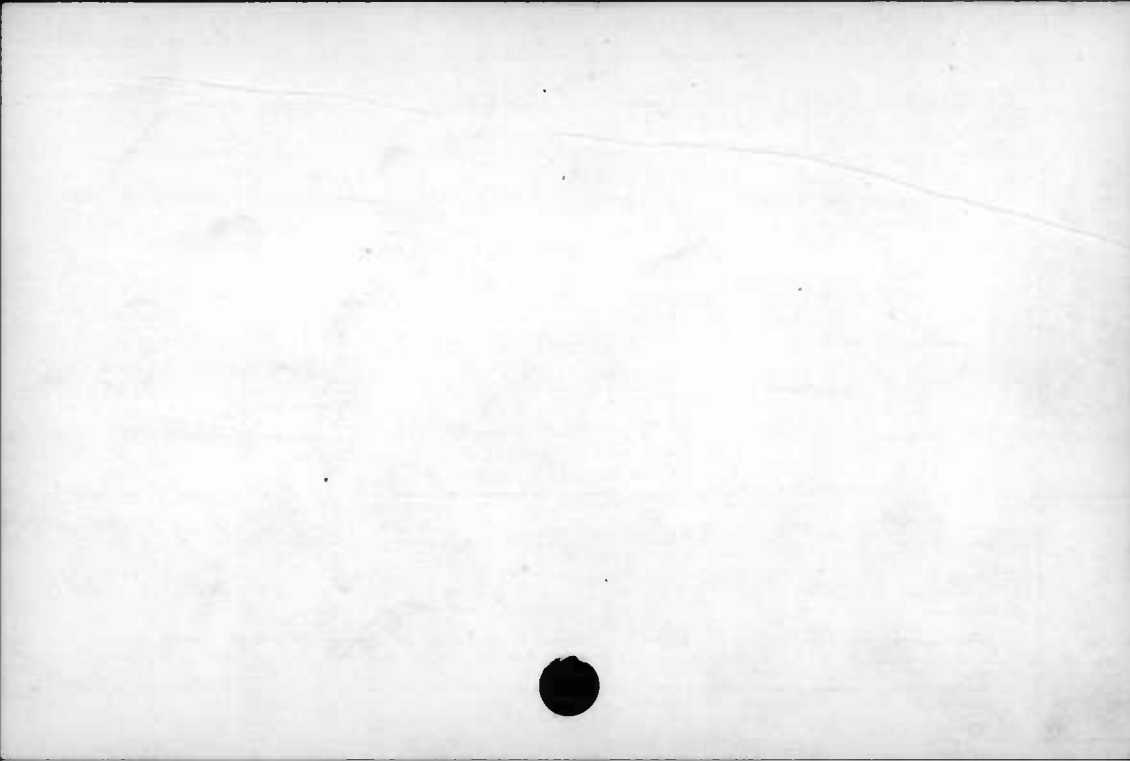
Uncles later

Name in Full		Jerome S. Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Trump.		County Baltimore		MARYLAND
	Date of death		1907	Month June	Day 15	Age 59	Months 2
	Sex		Male		Color or Race White		Birth-place Maryland
	Occupation Farmer				Where Residing if not at place of death		
	Married, Single or Widowed		Widowed		Name of Wife or Husband Alice A. Palmer		
	Father's Name		Unknown		Father's Birthplace unknown		
	Mother's Maiden Name		Unknown		Mother's Birthplace unknown		
	Name of person giving information		Lillian Williams		How related to deceased Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pericarditis		(77)	How long one year	
	Immediate		Pericarditis			How long one year	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician W. Milled Stirling		
					Address Shane, Md.		
	Accident or Suicide?						



PHYSICIAN
OF CORONER

LIBRARY BUREAU A58810



Name
in
Full

Isabell Wilson

CERTIFICATE OF DEATH

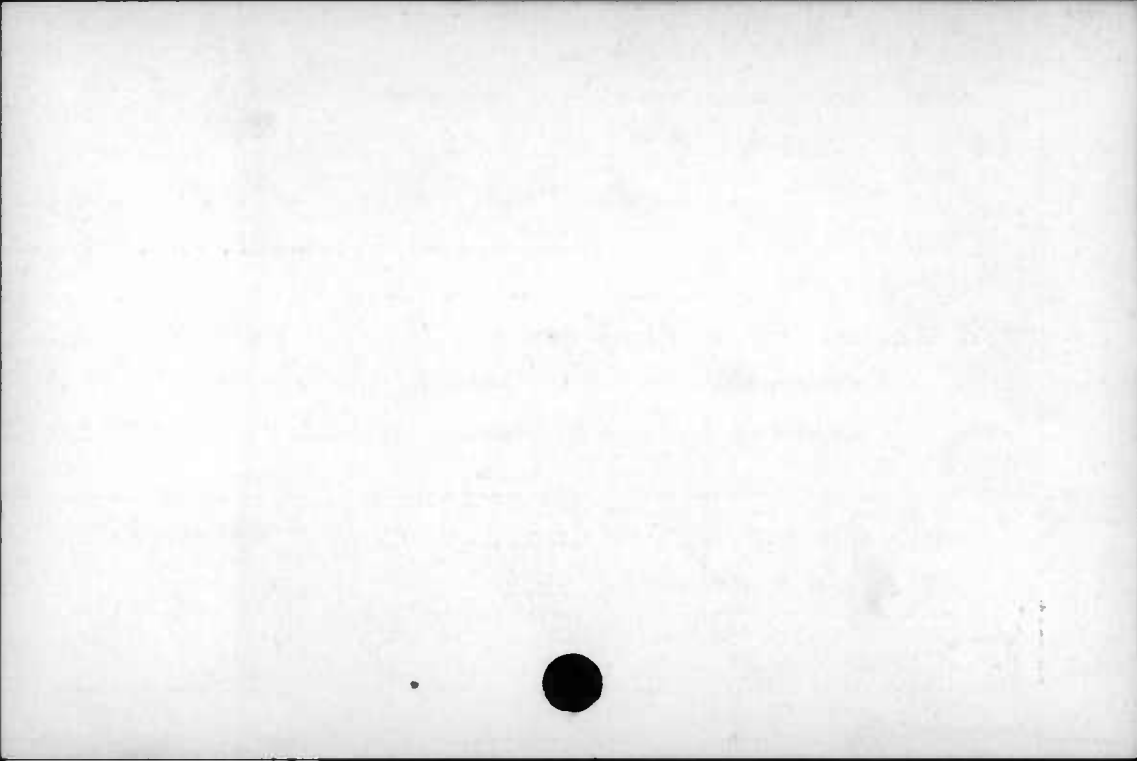
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Acaturtown</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>22</i>	Age <i>16</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Balto co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Lewis Wilson</i>		Father's Birthplace <i>Balto co Md</i>			
Mother's Maiden Name <i>Carrie A. Spatter</i>		Mother's Birthplace <i>Carroll co Md</i>			
Name of person giving information <i>Lewis Wilson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>about one year</i>
Immediate <i>" do "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. W. White</i>
	Address <i>Glyndon, Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

Joshua H Wilson

Died at Mt Minns

Balls

MARYLAND

Date of death 1907 June

Day 3

Age 32

Months 4

Days 25-

Sex Male

Color or
Race

consumption

Birth-
place

Md

Occupation

Photographer

Where died or not
at place of birthMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John W Wilson

Father's
Birthplace

Md

Mother's
Maiden Name

Corolia L. Sherring

Mother's
Birthplace

Md

Name of person giving
Information

Corolia L. Wilson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

consumption

(27)

How long

2 yrs

Immediate

exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W B Hall

Address

Mt Minns

Accident?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

jos. Jordan & Son

—

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William F. Zile</i>		Town <i>Wellwood</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>							
Died at <i>Wellwood</i>		Date of death 1907		Month <i>8</i>		Day <i>20</i>		Age Years —		Months —		Days —	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wellwood</i>									
Occupation —		Where Residing if not at place of death <i>Wellwood</i>											
Married, Single or Widowed —		Name of Wife or Husband —											
Father's Name <i>Charles Zile</i>		Father's Birthplace <i>Canell Co. Ind</i>											
Mother's Maiden Name <i>Lizzie Birans</i>		Mother's Birthplace <i>Washington</i>											
Name of person giving information <i>Chas. Zile</i>		How related to deceased <i>Father</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suffocation</i>		How long <i>hours</i>	
Immediate <i>Free from</i>		How long —	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. D. Leary, M.D.</i>	
		Address —	
Accident or Suicide? —			



Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lansdowne		County Baltimore		MARYLAND	
Date of death	1907	Month 6	Day 18	Age —	Years —	Months —	Days —
Sex	Female		Color or Race	Colored		Birth- place	Unknown
Occupation	—			Where Residing if not at place of death		Unknown	
Married, Single or Widowed	Unknown		Name of Wife or Husband	Unknown			
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving In formation	William A. Muhel				How related to deceased	None	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Struck by B. O. R. R. train		How long	Immediately
Immediate	Fracture of skull & body bruised		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature Physician	August W. Miller
			Address	1711 Williams
Accident or Suicide?		accident		

Md.

